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## ABSTRACT

Family support and education programs are community-based efforts that offer sustained assistance to families at various periods in their development. Support is provided to promote parental competencies and behavior that lead to healthy and positive development of parents and children. These programs take many forms, such as drop-in centers, social support groups, recreational activities, and home visiting programs. To address family needs, the potential exists to use resources already employed in child welfare, income maintenance, public health, education, employment and training, and mental health in ways that more effectively support family functioning. This collection of colloquium papers focuses on family support program development and implementation issues in the public sector. The papers included are: (1) "Challenges and Opportunities for Public Policy on Family Support and Education" (Frank Farrow and others); (2) "Legislating Family Support and Education: Program Development at the State Level" (Charles Bruner); (3) "From Grass Roots Programs to State Policy: Strategic Planning and Choices for Family Support and Education Initiatives" (Heather B. Weiss); (4) "Family Support and Education Programs: Evidence from Evaluated Program Experience" (Robert Halpern and Heather B. Weiss); (5) "An Evaluation Framework for State Family Support and Education Initiatives" (Heather B. Weiss and Robert Halpern); (6) "Community-Based Family Support and Education: Local Program Examples" (Gail C. Christopher); and (7) "Family Support and Education Programs: State Examples" (The Center for the Study of Social Policy). (TJQ)

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# HELPING FAMILIES GROW STRONG NEW DIRECTIONS IN PUBLIC POLICY

*Papers from the Colloquium on Public Policy and Family Support*



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*April 1990*

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**FAMILY  
RESOURCE  
COALITION**

200 SOUTH  
MICHIGAN AVENUE  
SUITE 1520  
CHICAGO, IL 60604

312/341-0900  
FAX: 312/341-9361

PS 022417



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The success of the Colloquium was due in large part to the Colloquium Planning Committee, each of whom generously shared his or her time and ideas, and Terri Grant of the Center for the Study of Social Policy who managed the entire Colloquium process.

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## FOREWORD

Innovative programs that support and promote the healthy growth and development of children in their families are now emerging in many communities across the nation. The enthusiasm that accompanies these family support and education programs suggests that they offer a fresh and potentially effective approach to meeting family needs.

Family support and education programs are community-based efforts that offer sustained assistance to families at various periods in their development. Support is provided in order to promote parental competencies and behavior that lead to healthy and positive development of parents and children. These programs take many forms. In some communities, they are drop-in centers with activities ranging from skill training and temporary child care, to social support groups and recreational activities. In other localities, they are home visiting programs and group activities based in public schools. While many programs focus on young parents with preschool children, others offer support to families at later points in their family's lives.

What distinguishes family support and education programs from more traditional family services is their emphasis on early and continuing supports for parents, their strong ties to local neighborhoods and communities, their commitment to strengthening and empowering families, and their involvement of parents as partners in programs rather than as "recipients" of service.

They do this by:

- Building families' skills, through an emphasis on helping parents improve their capacities to be supportive and nurturing parents;
- Assisting families to exploit other opportunities for assistance and support currently available within their community, through formal and informal service providers and through employers, churches, schools and other institutions; and
- Creating a supportive network within local communities which encourages parent-child interaction and helps to compensate for many families' increased social isolation and vulnerability.

As state policymakers and administrators grapple with increasing signs that American families are in trouble, they have become interested in the way that the principles and practices of family support and education programs can be incorporated into more effective and comprehensive public strategies for addressing family needs. The potential exists to use resources already employed in child welfare, income maintenance, public health, education, employment and training, and mental health in ways that more effectively support family functioning.



Recognizing both the budding interest at the state level and the need to bring together the accumulated knowledge in the field, the Center for the Study of Social Policy, in association with Maryland's Friends of the Family, Inc., the Family Resource Coalition and the Harvard Family Research Project sponsored an invitational Colloquium on Public Policy and Family Support and Education Programs in Annapolis, Maryland in April 1989. The Colloquium brought together state human service administrators, policymakers, researchers and practitioners from across the country to discuss the current status of the family support field, to consider the implications of family support activity for public policy, and to explore future developments in the field.

Governors of eleven states sent teams of policy and program decisionmakers to the Colloquium. States already implementing statewide family support initiatives worked together with states that were considering developing such strategies. The state teams were joined by individuals from national organizations and foundations who are interested in and committed to children and family issues. The Colloquium itself was collaboratively planned and sponsored. Many who have been leaders in family support research, advocacy, and program development provided guidance to ensure that the Colloquium reflected the best available knowledge regarding family support policy development and programmatic practices.

The Colloquium participants focused on family support program development and implementation issues in the public sector. In the papers that are included in this volume and in the states' discussions, several themes emerged. The first was an affirmation of the potential of family support and education programs for future public policy development. There now exists an impressive group of state and local programs that seem to be making a positive difference for families and children. A varied range of programs are beginning to show success in addressing some major social problems: reducing teen pregnancy, helping parents succeed in schools and jobs and preparing young children to succeed in school. These early indications of success are sparking new opportunities for further expansion in tandem with the public sector. As public agencies carry out mandates in the areas of welfare reform, early childhood education, teen pregnancy prevention and assistance, child health and child welfare, there is more and more willingness to promote local family support and education programs as key components of new strategies in these areas. Many state participants were optimistic that family support development can provide ways of establishing neighborhood-based services that cut across agency lines and more comprehensively address families' needs.

Along with their enthusiasm, the Colloquium participants reflected an awareness of the challenges that lie ahead in the field of family support and education. There is a need to clarify the definition of these services so that the core purposes of family support and education initiatives can be broadly communicated and understood. A key issue as programs expand is how to nurture and sustain strong grassroots commitments and parental involvement in programs as state governments become more significant actors. A third unresolved issue is whether family support and education programs must by definition be universally available or whether they can be effectively targeted to high risk populations. A final issue which emerged in the Colloquium debate was the critical importance of maintaining program quality while promoting statewide expansion.

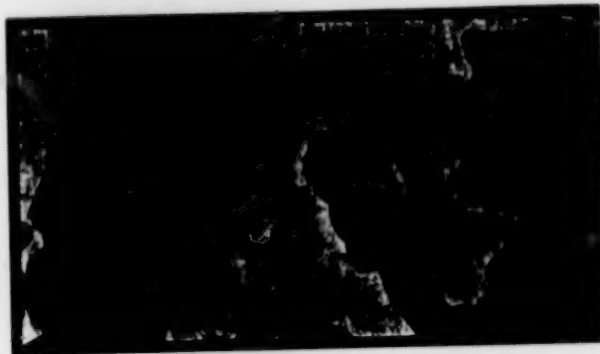
It is hoped that the papers in this volume will extend the interest and excitement reflected in the Colloquium discussion to a wider audience. An introductory, background paper prepared by the Center for the Study of Social Policy examines the current status of family support and education initiatives and discusses the potential applications of family support principles and practices in the public policy areas of welfare reform, early childhood and social education, adolescent pregnancy prevention and services, maternal and child health, and child welfare. Heather Weiss, Executive Director of the Harvard Family Research Project, analyzes the policy and program decisions that pioneering states have made as they developed family support and education programs and discusses the implications of states' choices. Iowa State Senator Charles Bruner explores legislative roles and strategies in the development, review and promotion of family support policy. Robert Halpern of the Erickson Institute and Heather Weiss review the strengths and weaknesses of prior family support program evaluations and draw out some useful lessons for public agencies designing evaluations of their initiatives. The volume concludes with the paper by Gail Christopher of the Family Resource Coalition describing a range of local family support programs, followed by summaries of selected state initiatives.

The Colloquium on Public Policy and Family Support programs set forth the promise of these initiatives. The next steps will occur as states pursue the conceptual and practical challenges that will be necessary for these programs to achieve and sustain their potential.

Tom Joe, Director  
The Center for the Study of  
Social Policy

April 1990

## OVERVIEW



*Maryland Family Support Center (Jo Atwater)*



CHALLENGES AND OPPORTUNITIES FOR  
PUBLIC POLICIES ON  
FAMILY SUPPORT AND EDUCATION

Frank Farrow  
Terri Grant  
Judith Meltzer

## **PREFACE**

There is a growing interest in the development of policies and programs to strengthen parents' capacities to care for their children. The core aspects of these "family support and education"<sup>1</sup> programs -- their family-centered approach, the early support they provide, their creative use of local community resources, and their comprehensive multi-disciplinary approach -- point toward new public policy objectives as well as positive strategies to respond to serious problems confronting families in contemporary society.

Although public officials view family support and education programs as a way of defining a more positive role for government in the lives of children and families, many difficult public policy questions remain unanswered. Policymakers need to:

1. Define what family support is and what it is not, and establish realistic expectations for what family support and education programs can be expected to accomplish. Is family support a theory of practice, a specific set of services, or both? How can family support be defined in a way that can be understood, funded, legislated and evaluated?
2. Identify those policy objectives for which family support and education initiatives might be useful. These would include opportunities for using family support services to fulfill mandates of the major human service systems, including child welfare, education, mental health, public health, and public assistance. What program forms and models are the most appropriate and efficacious in meeting identified policy objectives? Upon what basis should administrators or policymakers select a strategic focus and/or model?
3. Identify realistic outcomes for family support services based upon what is currently known about outcomes and costs. For example, can family support initiatives offset costs that public agencies would otherwise incur? How are outcomes related to differing program models or target populations? In designing new initiatives, how can outcomes be measured and documented?
4. Explore how states can develop family support initiatives that take full advantage of their strengths, do not set them up for failure, and link family support programs to a range of other critical resources needed by families. Family support program development should maximize the potential for success and contribute to a broader public policy agenda for children and families. The challenge -- to both public policymakers and advocates of family support -- is to navigate between unquestioning promotion and over-promises on the one hand and unrelenting skepticism on the other.

This chapter identifies ways in which family support can become a more important part of public policy. It is intended to help state officials respond to both the challenge and opportunity presented by family support and education programs by developing and implementing new and improved responses to the needs of children and families.

### **THE RELEVANCE OF FAMILY SUPPORT TO PENDING PUBLIC POLICY CHOICES**

As family and community life have changed during the past 30 years, the need for increased external supports for families has increased across the nation. The stereotypical family -- in which one parent works and the other cares for the children -- surrounded by helpful grandparents, aunts, uncles and others in an extended family hardly exists today. To the contrary, the norm of family life includes two working parents or a working single parent often living far away from relatives and continually juggling the pressures of work, home and child-caring. Married mothers' participation rates in the labor force have increased dramatically. For example, the labor force participation rate for married mothers whose youngest child is three years old or younger has increased from 34.5 percent in 1970 to 57.6 percent in 1984.<sup>2</sup> The majority are employed in full-time, year round jobs. Thus, most children today spend less time with their parents than did their counterparts just three decades ago.

To take advantage of changing opportunities, people now are more likely to move rather than remain in the same community for a lifetime. Thus, families are less likely to have extended family members nearby to help with child care or offer advice, help or informal support. More and more of them must rely on community institutions for these functions. However, the same stresses that are reshaping family patterns are restructuring the community as well. Churches, neighborhood clubs, and other kinds of community-based organizations are not always as accessible to families as they once were. Today's American family often is left on its own to contend with new societal pressures and demands.



Even within the family unit, parents cannot be with children as much as in the past. Many more children are growing up in single-parent families. One-fourth of all children in the United States under age 18 now live with one parent, a figure that has doubled since 1970.<sup>3</sup> The Census Bureau projects that 60 percent of all children will spend at least some time in a single-parent home.<sup>4</sup> At best, this means less potential income for the family and less adult time available for child nurturing, supervision, discipline and care. At worst -- given that over one-half million teenagers give birth each year and that 80 percent of them do not complete high school<sup>5</sup> -- this can mean more children are being raised by young people who are single and ill-equipped for either family or other adult responsibilities.

The families under the greatest stress are those in poverty. In 1987, over one-fifth of American children were living in poverty, an increase of six percent in the last two decades.<sup>6</sup> In 1981, two average salaries were required for a moderate standard of living for four.<sup>7</sup> Clearly, this factor, coupled with the increasing proportion of single-parent and particularly female-headed households, demonstrates the growing vulnerability of the American family.

Although poverty does not necessarily equate with family dysfunction, it is a risk factor strongly associated with a variety of negative outcomes.<sup>8</sup>

Almost every form of childhood damage is more prevalent among the poor -- increased infant mortality, gross malnutrition, recurrent and untreated health problems, child abuse, educational disability, low achievement, early pregnancy, alcohol and drug abuse, and failure to become economically self-sufficient.<sup>9</sup>

Research suggests that many of these problems are intertwined and even intergenerational for many families. Children raised in severely disadvantaged homes are more likely to become teen parents, be unemployed, and continue to live in poverty.<sup>10</sup> Additionally, analysts fear an even bleaker scenario for the future, particularly for children growing up in communities without inspiration or role models for success. To continue to ignore the needs of these most



disadvantaged families and their communities is to run the danger of creating a group of families and children permanently out of the mainstream.

Along with concern about the deteriorating conditions for families at all economic levels is a parallel concern about the failure of government to assist families, particularly those most vulnerable. All too often, the interrelated nature of families' problems has been ignored. Current public sector services neither reach families early enough to be helpful nor provide intensive and sufficiently comprehensive services to make a long-lasting difference in families' lives.

For example, between 1970 and 1988, those receiving Aid to Families with Dependent Children (AFDC) dropped from 79 percent of the nation's poor children to only 60 percent.<sup>11</sup> Despite the desire to move families from welfare to economic independence, almost 60 percent of AFDC recipients at any point in time have been on welfare for ten or more years.<sup>12</sup> The jobs that welfare recipients find tend to pay low wages and offer inadequate benefits. In fact, a recent GAO study of welfare work programs found that over one-half of those who found jobs did not earn enough money to enable them to leave the welfare rolls.<sup>13</sup> Public assistance programs are mandated to serve single mothers in poverty, but virtually no form of public assistance exists for disadvantaged men. A recent report noted that the percentage of 20-24 year-old males able to support a family of three above the poverty level dropped by nearly one-fourth between 1973 and 1986.<sup>14</sup> Further, funding limitations and narrow eligibility requirements of federal job training programs restrict the opportunities that could be made available to these men.<sup>15</sup>

Further, financial, social, logistical, and a variety of other factors severely limit access to critical health care resources for poor families and children.<sup>16</sup> Nearly one-half of the teen mothers who gave birth in the United States in 1986 did not obtain early prenatal care.<sup>17</sup> The same year, 40,000 babies died before their first birthday.<sup>18</sup> Federal health programs established to assist families only reach a portion of the families who most need help.

For example, the Women, Infants and Children (WIC) nutrition program serves less than one-half of the low-income, high-risk eligible population.<sup>19</sup>

### Compounding the Problems

The public also is questioning the effectiveness of schools in preparing youth for adulthood. One-fourth of all students who enter the fifth grade do not graduate from high school on time.<sup>20</sup> In some urban areas the high-school dropout rate approaches 50 percent. Even those who do stay in school and graduate often acquire skill levels too low for good employment prospects. According to a 1985 study, barely one-half of those with at least a high school diploma and/or less than two years of post-secondary education could locate information in a news article, use a map to find a particular location, or balance a checkbook.<sup>21</sup> Given the sophistication of our technological society, those inadequately educated are ill-prepared for daily life, a shortcoming with dramatic implications for the well-being of their future families. American industry recently has become particularly concerned about the impact of this lack of preparedness on the productivity of the nation's workforce.

Another problem critically affecting families and children is the ugly and growing epidemic of substance abuse across the nation. Once begun, substance abuse rapidly can drain every material and emotional resource that a family has, destroying individual families and communities. Researchers and practitioners are finding crack, a cocaine derivative and popular abusing agent, to be especially problematic. The percentage of 18-25 year olds reporting cocaine use rose from 9.1 percent to 25.2 percent between 1972 and 1985.<sup>22</sup> As a recent New York Times article notes, crack's potency is quite alarming: "Once people become addicted [to crack] . . . it is nearly impossible for them to stop using crack and to never go back to it again."<sup>23</sup> The problems of preventing drug abuse and rehabilitating those who have become dependent are formidable. Further, some drug-dependent parents may well be unreachable. Yet, local and federal mental health systems have done little to help the children who live in these families and in drug-ridden communities.<sup>24</sup>

### An Overburdened System

As a predictable consequence of these social changes and problems, the public child welfare system is overwhelmed. Originally designed to protect children whose families cannot nurture, support and protect them, it increasingly is viewed as ineffective for many of the families who need help the most.

Child welfare agencies suffer from staff shortages, inadequate training, inadequate resources, and poor interagency coordination.<sup>25</sup> Yet the demand for child protection, foster care, and adoption services continues to increase at alarming rates.<sup>26</sup> Caught up in a crisis mode itself, the traditional child welfare system thus barely can meet the most severe and chronic family problems, much less address conditions that precipitate a family crisis.<sup>27</sup>

### Outmoded, Outstripped Systems

In sum, the systems our society created to protect and nurture children are failing. They were not designed to address the kinds and intensity of family problems and stresses that exist today. As a result, all too often they do not reach families early enough to provide the help and resources that might guarantee brighter futures. Nor do they properly address the plight of the most vulnerable families. As more and more children begin their lives in an environment that will prepare them inadequately for the demands of society and the number of dysfunctional families swells, public officials are searching for innovative interventions that work.

The recent narrowing of federal social welfare responsibilities, reductions in federal social service expenditures, and the growing urgency of community problems have put greater responsibility for the safety and well-being of children and families on state and local governments. Frustrated with the ineffectiveness of "after-the-fact" strategies, state human service administrators and policymakers are looking for alternative approaches. They are anxious to test service strategies that recognize contemporary family needs, attempt to meet those needs before crises occur, and thus prevent the persistent and chronic family breakdown that now "triggers" public agency interventions.

### Helping Families Cope Better

State policymakers are examining family support and education programs, not as the only answer to the serious social problems described previously, but as a potential vehicle for positive change. Clearly, there are a range of problems that family support and education programs cannot affect, including homelessness, unemployment, massive under-education, and structural poverty. But family support can provide a strategic entry point for assisting families in several important ways.

At the heart of family support and education initiatives is the goal of empowering families to better cope with the stresses of contemporary life. This is reflected in the philosophy and practices of family support initiatives which seek to build and accentuate strengths and capacities of families so they can succeed. These initiatives have particular relevance for public policy in at least three ways:

- Family support initiatives attempt to build families' skills through an emphasis upon helping parents improve their capacities to be supportive and nurturing. Skill development in family support programs takes many forms and is as likely to be accomplished through informal, peer activities as through structured learning experiences, but it is a function which almost all family support initiatives perform for participating families.
- Family support initiatives allow and assist families to explore other opportunities for assistance and support currently available within their community, through formal and informal service providers, employers, churches, schools and other institutions. As a result, family support programs can help increase the effectiveness of other resources and programs in carrying out their missions.
- Family support programs create a supportive network within local communities which encourages parent-child interaction and which helps compensate for the increased social isolation and vulnerability of many families and children. This supportive function not only is invaluable for individual families as they try to cope with day-to-day stress, but is important to a broader service system. Its availability allows specialized programs to be more effective in carrying out their discrete functions, knowing they can work with on-going, more comprehensive sources of support for families.

The combination of a specific emphasis upon parent education and skill-building, better linkage to available public and private resources, and a supportive network make family support

and education initiatives potentially powerful as a beginning in addressing rapidly changing child, family and community needs.

### Political Feasibility

In addition to their program merits, the development of family support initiatives may represent a politically effective strategy for addressing family needs. The values embodied in family support and education programs -- values which stress the primary role of the family -- have broad popular and political appeal.

Moreover, these programs build upon the knowledge gained from a rich history of related family-oriented initiatives. Features of today's family support and education programs derive from the settlement houses of the early 20th Century, Head Start programs, anti-poverty programs, self-help philosophy and parenting education programs.<sup>28</sup> Thus, family support concepts and practices have a history of skillful organization of resources on behalf of families. A service strategy that incorporates family support concepts can help state and local governments begin to address families' needs in a coordinated, comprehensive fashion and, thus, become a positive force in family life.

Policymakers also know these programs produce favorable results.<sup>29</sup> The national prominence and apparent success of such diverse family support and education programs as Illinois' Ounce of Prevention, Minnesota's Early Childhood Family Education program, Missouri's Parents as Teachers program, and Maryland's Family Support Center initiative have enhanced further the political appeal of broad-based family support programs. For example, the Missouri Parents as Teachers (PAT) program, after its first year of evaluation, reported both greater intellectual development for those children who participated and increased awareness of child development issues for PAT parents. Preliminary data from Maryland's Family Support Center program indicate high levels of participation by adolescent parents, low levels of repeat pregnancy, and favorable rates of return to school. Furthermore, although documentation of the potential cost



saving of statewide family support and education initiatives has been scarce, studies suggest that early intervention programs can save the public money.<sup>30</sup>

In sum, family support and education initiatives appear to hold considerable potential for states looking for strategic ways to begin to address major social problems affecting families and children. While family support is not and should not be promoted as a panacea, its attributes suggest that carefully designed and implemented strategies could begin to make a difference in the well-being of children and families and could help states progress on difficult public policy challenges. However, careful consideration of potential applications to public policy goals first requires that family support and education be defined in a way that is useful for public policy development.

#### **DEFINING FAMILY SUPPORT FOR USE IN PUBLIC POLICY**

The preceding section outlined what family support does in response to the needs of families. This section explores concepts of how family support functions; that is, various ways of defining what family support is.

The term "family support" can be (and has been) used in many ways -- a fact which both helps and hinders its application to public policy. On the one hand, the increase in differing interests and services grouped under the general term "family support" creates a constituency for change in public human services. On the other hand, if family support is to become a useful concept in framing public policy, it must be defined more clearly and concretely, and be communicated to a wide array of actors, from legislators to practitioners.

A definition of family support and education programs includes three levels, each one different from current practice:

- First, family support is a series of premises about families and what promotes their healthy development;
- Family support is also a set of assumptions about services and how these can be made effective;



- Finally, family support is a diverse range of programs, but with several common underlying purposes.

### Set of Premises

Family support is based on a basic set of premises about parents, children and what they need.<sup>31</sup>

- All families need help at some time in their lives, but not all families need the same kind or intensity of support.
- A child's development is dependent upon the strength of the parent/child relationship, as well as the stability of the relationship among the adults who care for and are responsible for the child.
- Most parents want to and are able to help their children grow into healthy, capable adults.
- Parents do not have fixed capacities and needs; like their children, they are developing and changing and need support through difficult, transitional phases of life.
- Parents are likely to become better parents if they feel competent in other important areas of their lives, such as jobs, in school, and in their other family and social relationships.
- Families are influenced by the cultural values and societal pressures in their communities.

These assumptions about the circumstances of families point to principles about how services for families can provide the greatest, most effective level of support. Effective supports and services of families should:

- Sustain and enrich the capacity of families to maintain a nurturing environment for their children. Rather than focus on deficits of the family, services should emphasize the existing strengths of families and help them supplement their own resources.
- Be available to families at the earliest stage of development and at subsequent stages, as needed, to strengthen coping capacities. Both public and private resources could be organized to assist families and their communities before they are confronted with an unmanageable crisis.
- Rely on voluntary participation. Services should be developed and provided within the context of a close, cooperative working partnership among families, their community, and program staff. The services should reflect the interests

and cultural values of families and link with other community resources that families already use.

- Provide parents with the skills and knowledge they need to advocate for themselves and their children.
- Be multi-disciplinary in approach and staffing to reflect a comprehensive approach to families' needs and situations.

These principles for service delivery can be achieved through a range of specific programs.

Although a body of literature on family support is beginning to emerge, relatively little has been written about the operation of these programs.<sup>32</sup> Some major state efforts are becoming well-known and are described in this paper and in other Colloquium documents. But others have emerged as grassroots responses to local needs and, thus, are as diverse as the population and communities they serve. Specific programs vary considerably in program setting and format, service delivery, staff and client characteristics, budget size and funding mechanisms.

Until recently, the major effort of statewide family support and education development has been to establish independent family support programs, primarily for young parents within specific communities. Their central purpose is to promote and maintain healthy parent-child development and enhance parents' ability to provide for their children. As discussed previously, within a general goal of empowering families, most family support programs help families make use of all available resources, engage in some form of parent education and skill building, and create a supportive network which enhances parent-child interactions.

Existing family support programs are often center-based programs (e.g., neighborhood drop-in centers), home visiting programs, or sometimes a combination of the two. The state-supported programs usually are free-standing or located within public or private agencies. Regardless of the sponsor, these programs usually function differently from traditional state-supported service programs. They encourage participation from a more universal group or define their responsibility to the community more broadly than do their more traditional service counterparts. The services provided often include information; feedback and guidance; joint

problem-solving; help with securing entitlement and services; encouragement and emotional support, often combined with one or more concrete services such as developmental child care; job training; respite care; transportation; health or developmental screening; adult education; and employment referral.<sup>33</sup>

The programs usually have a multi-disciplinary focus and provide or link up with a range of community services to serve the multiple and varying needs of families. In addition, if they are center-based programs, they encourage participation by structuring their programs to be as available, accessible, and attractive as possible to anyone in the community. Thus, they tend to be located centrally within neighborhoods, to avoid bureaucratic eligibility requirements, and to operate on a flexible schedule, including evening and weekend hours. Further, many family support programs may reach out extensively to families unable or initially reluctant to seek support.

More recently, some states have begun to consider how family support and education services might be integrated more thoroughly within the traditional service delivery system. Thus, rather than develop an independent program for family support, these states are looking at how an entire system can broaden its focus to include family support principles and practices.<sup>34</sup>

In sum, the definitional framework for family support and education programs reflects two basic assumptions -- about families and what they need to promote their healthy development and functioning; and about ways in which services can be provided effectively to assist families. The definition does not incorporate specific service delivery models or formats.

Instead, as seen with the grassroots development of community programs and with the existing statewide family support programs, even a single initiative can take several forms (either in different pilot sites or over time). Thus, it is important not to limit a definition to specific approaches. Instead, each of the various approaches that a state might adopt should be viewed strictly as a beginning strategy. Decisions about which way to go are shaped by who launches the initiative, funding constraints, identification of priority populations for

service, administrative experience and talents, where the greatest leverage exists, and a number of other considerations.<sup>35</sup> As state initiatives begin to mature, they likely will modify their initial approach to meet newly-identified needs and opportunities.

#### **OPPORTUNITIES FOR STATE INITIATIVES**

To implement family support programs, states must make choices about where to initiate these programs and the target populations upon which they will focus. These choices will depend upon such variables as: (1) what that state is trying to accomplish for families and children; (2) what community-based programs currently exist in the state; and (3) which agency or agencies can provide the greatest leadership and impetus for the initiative.

The fullest vision for a family support initiative is a system for service delivery that cuts across and underlies all of the current categorical service programs. In this approach, support for families would be defined as an overarching social policy goal in itself, and program development would be conducted in many, varied ways. Specific programs emerging from this approach could be both free standing or incorporated within current health, social service, mental health, economic security, and/or education programs, but they all would be instruments of a clear public policy goal -- to establish more comprehensive supports for families.

To date, few family support programs are comprehensive. Instead, most begin with a particular objective, such as supporting teen parents. However, the broader approach is illustrated by Washington State's recently proposed family support initiative. Legislatively initiated and endorsed by the State's Department of Social and Health Services, it would develop a series of family support centers in the state. While these might initially focus on families at risk, they reflect a policy goal of developing centers in communities for all income levels. The centers would help parents to develop the skills and resources needed to promote their children's development, as well as to utilize other community resources effectively. The

sponsors of this proposal intend that the centers be administered by community-based organizations and institutions and that they be the hub of a wide range of community development activity on the behalf of families. The goal is more than developing free-standing centers; it is to use these programs as places from which each community could initiate a wide array of family-support oriented activity. Community planning for the centers would not focus on any one specific category but, instead, involve the health, child welfare, child care education, mental health, income support, and other service sectors.

An important aspect of Washington State's legislative proposal is that it is seen as a component of an even broader policy thrust around prevention, early intervention, and providing services that are as accessible to families and as non-stigmatizing as possible. A variety of public and private agencies sponsor "family support" initiatives. Policymakers in Washington State are seeking a community-based focus for this wide range of activities partly through the family support center proposal.

Three other states testing the use of family support principles and programs as a core component of a broadly-based, non-categorical service system for children and families are Maryland, Connecticut, and North Dakota. These states are participating in The Annie E. Casey Foundation's Child Welfare Reform Initiative, which seeks to develop a service system for children and families that is less categorical and more oriented to developmental supports and early intervention. Each of these states has identified a sub-state area (Prince George's County, New Haven, and the Northeast quadrant of North Dakota, respectively) in which family support programs and activities will be developed intensively in connection with other services for families in severe crisis. The types of family support activities that will be developed range from expanding the scope and mission of neighborhood drop-in centers (Maryland) to the establishment of new family support centers with a strong intergenerational focus on two Indian reservations (North Dakota).



These examples of state action on comprehensive service systems for families and children are in their very beginning stages. More frequently, states have initiated family support and education programs and activities with more limited public policy purposes, primarily to accomplish current goals more effectively. This approach has several advantages. It allows family support and education programs to be developed in relation to a policy purpose that is already accepted by legislators and policymakers. It usually sets priorities about which families will be served. And, finally, it allows states to capitalize on existing funding opportunities. For all these reasons, this more targeted approach to family support can be a strategic way of getting programs started.

Interestingly, as will be seen from the programs described in this section, using a more limited policy goal as the "entry point" for family support often leads to a broader, less categorical definition of family support activities over time. Once programs begin in a local community and respond to parents' needs, they become less specialized and more comprehensive in their approach because of a demand for this type of service.

State family support and education programs that have used this strategic approach cover six major public policy goals:

- Assisting families in moving toward self-sufficiency;
- Assuring school readiness and success for children;
- Enabling the positive development of families with children who have special developmental needs;
- Strengthening young families through assisting adolescent and other young parents;
- Preventing child abuse and neglect; and
- Promoting the healthy birth and development of mothers and their infants.

All of these goals have been translated into federal or state mandates to which governors, state legislators and public officials in health, education, income support, and social service



agencies must respond. Beyond that, however, each represents an area in which available knowledge, statutory or financial opportunities, and sheer public interest in the problem create the possibility for states to be creative and farsighted in attacking the problem. By developing strategies in each of these areas that emphasize early, developmental supports for parents and children, states may be able to head-off some problems they otherwise will inevitably face.

#### Assisting Families in Moving Toward Self-Sufficiency

In the past several years, there has been a major shift in the definition and expectations of the nation's income maintenance or "welfare" system. Once thought of primarily as a vehicle for providing income support, public welfare now has a much more direct mandate to help families become self-sufficient. In order to do this, the ways in which the welfare system helps families must change as well.

This new approach contains several elements. First, it recognizes that states must respond to a more diverse range of family needs. A single mother with two children and no high school diploma is unlikely to become employed and able to support her children without a variety of education and training opportunities, child care, health care benefits, transportation, housing, and perhaps other forms of assistance as well. Second, this approach understands that, even with many supportive services, the crucial steps toward self-sufficiency have to come from the mother herself. Thus, states' attempts to improve welfare programs should reflect an "empowering" approach -- one that seeks to give the young mother motivation and responsibility (as well as the resources) to move into job training, an educational program, or a job. Finally, the best thinking about what public welfare could accomplish understands that this system's contact with families should be used to help them identify and resolve the pressing needs of their children. By assisting families with their children's healthy development, public welfare programs would not just benefit current recipients but also help avoid future dependency.

This new perspective on welfare programs -- the "welfare reform" movement of the past five years -- appears in several specific state welfare reform efforts, such as Massachusetts "ET" program and Washington State's Family Independence Program. Most importantly, it was embodied -- at least in part -- in the new federal welfare reform legislation, the Family Support Act of 1988. Under this law, all states are required to implement programs which help AFDC families become self-supporting.

As states begin to transform their public welfare systems, the principles and program models of family support should guide them. Yet, one of the dangers of implementing "welfare reform" is that, despite a new perspective, new programs may focus narrowly on "welfare-to-work" programs of the type that previously failed. Programs which try to make a "quick fix" on complex and long standing family problems are unlikely to achieve the long-range family independence or children's well-being which they seek. By considering the mandate of welfare reform in light of the principles and program opportunities of family support, states may be able to forge the type of new link between the goals of self-sufficiency and of strengthening families that was behind the broadest vision of welfare reform.

#### Iowa's Family Development Demonstrations

Several state programs seem to be moving in the right direction. Iowa is implementing a Family Development Demonstration grant program as an explicit part of its statewide welfare reform initiative. Largely because of the successful experience of a local community action agency, Iowa's General Assembly appropriated \$690,000 in 1988 to the Department of Human Services for a three-year Family Development Demonstration grant program. The legislation provides grants for programs working with families currently enrolled in AFDC that are at-risk of long-term welfare dependency or family instability. The programs are designed to improve these families' capacities for self-sufficiency, both financially and as a family unit by providing day care, parenting skills, employment counseling/skills, medical assistance and child development services. Given that nearly one-half of all of Iowa's foster children come from

AFDC families with long-term dependency risk factors, state legislators sought to work with state agencies to develop a welfare program that would adopt a comprehensive approach to a family's needs.<sup>36</sup> By providing a range of family support services, this welfare reform program hopes not only to improve the employability of AFDC parents but also to reduce the foster care demand, improve children's health, improve school performance, and generally improve future opportunities for the success of these families.

#### Kentucky's Parents and Child Education

Family self-sufficiency initiatives are not all associated with welfare reform projects.

Kentucky's Parents and Child Education (PACE) program is based on family literacy improvement.<sup>37</sup>

In order to enhance the basic skills of Kentucky's adults and thus, hopefully, their employability, the Division of Adult Literacy in the State Department of Education created a family support and education initiative that sought to:

- 1) Provide under-educated parents with basic skills so they can serve as better educational role models for their children;
- 2) Change parenting skills in those areas known to be related to achievement orientation in children;
- 3) Provide children with the basic learning skills necessary to succeed in school.

Breaking the pattern of under-education in these families is the primary goal. Improving parents' employability is anticipated to be a secondary outcome of improved education and parenting skills. Parental attitudes about education improve as the parents' basic skills improve. In the long term, it is expected that the children will enjoy a number of benefits because of the improvements in their family environment.<sup>38</sup>

Through this program, parents participate in adult education classes while their three-to four-year-old children attend a pre-school program next door. Parents and children also spend a portion of the PACE day playing and working together.<sup>39</sup> By providing educational opportunities

to both the parents and the child, PACE hopes to "break the intergenerational cycle of under-education."<sup>40</sup>

Preliminary evaluations show PACE to be effective. At the end of the program's first year in 1987, three-fourths of the parents and their children had completed the PACE program; 70 percent of the adult participants had either earned GEDs or advanced two grade levels.<sup>41</sup>

Both the Kentucky and Iowa examples attempt to mobilize resources in ways that strengthen families and promote children's development while helping parents to achieve economic self-sufficiency. Traditional welfare-to-work service programs do not offer such family supports. The new programs operate on the premise that the parent's employability is enhanced if the family's needs are addressed more broadly and if he or she is assisted in his/her role as a parent. These programs use the opportunity afforded by regular contact with parents to offer services that can promote children's development as well. In sum, these programs address the needs of two generations -- parents and their children.

Under the Family Support Act, all states have the opportunity to broaden their traditional models as well. For example, states could locate their welfare reform staff (often called case managers) in family support centers or other programs that attend to the broader needs of both parent and child. Opportunities exist not only to enrich these programs with distinct family support components, but to work closely with schools, child care programs that offer family support, and other multi-purpose family services. With this approach, "welfare reform" becomes not just another categorical program but a vehicle to promote the long-term futures of disadvantaged parents and children.

#### Assuring School Readiness and Success for Children

One of the biggest challenges faced by the nation is educating more adequately the next generation of citizens. Confronted by considerable and persistent evidence of school failure and lack of academic preparedness, we have begun to look at new ways to assure school readiness and school success. Increasingly strong evidence indicates that healthy, nurturing homes with

motivated parents involved in their child's learning can have a significant impact on a child's success in school. Research is clear that a child's later school performance can be influenced by pre-school programs and, in fact, by a variety of factors that affect infancy and early childhood. Former Secretary of Labor Ray Marshall notes:

Some children are behind when they enter Head Start, kindergarten, or the first grade because they were low birth-weight babies; in fact, birth weight is a predictor of whether children will drop out. What kind of nurturing they got from birth to age three as well as their mother's ability to teach them will have a lot to do with how well children do in school. Small children are like good scientists -- stating hypotheses, having a great deal of curiosity, testing hypotheses. Yet, somehow, when they get into schools all of that seems to get turned off.<sup>42</sup>

Public policy attempts to improve children's success in school are focusing on the pre-school years. The High/Scope Perry Preschool study, which examined the long-term effect of high quality early childhood education, has been particularly influential in persuading states to develop or expand their preschool programs. A recent state survey by the National Conference of State Legislatures indicated that both education committees and human services committees in state legislatures ranked early childhood education among their top five priorities for 1989.<sup>43</sup> The National Governors' Association reports that a number of governors are "directing new dollars toward specific programs that enhance or institute early childhood education, particularly for at-risk children."<sup>44</sup>

Family support and education programs -- given their family focus, emphasis on reaching families in their early developmental phase, and the commitment to community involvement -- should be an important element in these early childhood education strategies. Several of the pioneering programs that demonstrated the effectiveness of early childhood education included substantial family support activities. These programs suggest that it is not just "educating" the child prior to primary school that accounts for later achievement but, rather, that children also must have confidence, stimulation, and self-esteem that comes from healthy parent-child relationships.



### Minnesota's Early Childhood Family Education

One example of a state's school readiness initiative that incorporates family support practices is the Minnesota Early Childhood Family Education (ECFE) program.<sup>45</sup> ECFE is for families with children from birth through kindergarten enrollment age. One primary objective of the program is to create opportunities for parents and children to enrich their relationship through loving, nurturing, and playful interaction. Another is to provide education and support for parents that helps them enhance their own child's learning and development. Parents can consult ECFE staff for advice on child development issues, obtain resource materials for their families, begin to build social support networks within their neighborhoods with other parents who have similar concerns, and allow their children to learn by interacting with other children.

The ECFE programs operate in a variety of forms and on various sites (e.g., at a parent's workplace, a WIC clinic, or the family's home), largely depending upon the specific needs of the community. A few local ECFE programs have expanded to serve as a program supplement to community Head Start or day care programs. ECFE developers hope to expand their statewide program by providing technical support and training to community family day care providers. The goal is to provide family day care providers with the same educational opportunities and resources that ECFE parents receive, thus helping to establish an important parent-community-education linkage.

Begun in 1974, ECFE's success and popularity with parents and policymakers alike has caused it to grow into a statewide program with a budget of over \$20 million.

### Missouri's Parents as Teachers

Another example of a school readiness state initiative is Missouri's Parents as Teachers (PAT) program.<sup>46</sup> This home-school partnership provides home visits by trained parent educators who help parents enhance their children's intellectual, language, and physical and social development from birth to age three. The program offers families information on child development issues, concrete advice to guide family development, peer support opportunities, and



health screening. Two Missouri school district superintendents intend to link the PAT program to a new initiative, Schools of the 21st Century.<sup>47</sup> The PAT home visitors will be based in each of the districts' "21st Century" schools. Thus, these elementary schools will come to know the families before their children enter the classrooms. The hope is that a positive PAT-home relationship will facilitate a positive school-home relationship.

The first year of evaluation indicated that PAT children demonstrated advanced intellectual and language development.<sup>48</sup> The evaluators also found that the higher the level of parent participation in the program, the better children performed on the various assessment measures.<sup>49</sup> Based on such success, Missouri's program, like that in Minnesota, has been extended statewide.

Kentucky's PACE program (described earlier) is still another example of a school readiness program based on family support and education practices. Recent research indicates that one of the most influential factors in a child's learning development is the level of the parent's education, especially that of the mother.<sup>50</sup> Therefore, a particularly promising aspect of the PACE program is the fact that both parent and child are in an education process together where they can learn from each other.

Given the demonstrated effectiveness of early childhood programs, all states are likely to be instituting them in the coming years in one form or another. Emphasizing early childhood development and family support programs (rather than only early childhood "education" programs) seems to increase the likelihood that they can achieve the long-term benefits for children that they seek.

#### Enabling Families with Children with Special Developmental Needs to Cope Positively

The Education for the Handicapped Amendments of 1986 (P.L. 99-457) provided states with a crucial opportunity to examine their current service delivery system for families with children who have special developmental needs. P.L. 99-457 encourages states to develop, organize, and

deliver services in ways that effectively meet these families' needs. Early intervention services are the focus.

Specifically, P.L. 99-457 makes appropriate early intervention services available for three to five year olds who are developmentally delayed or at risk of developmental delay by extending "downward" the coverage of P.L. 94-142 (part B of the Education of Handicapped Act Amendments of 1986 for school-age children). Additionally, it creates a new state grant program for infants from birth to two years old.<sup>51</sup> This law eventually will mandate state services to families with special needs children, but it has been crafted carefully to give states both time and funding to develop well-conceptualized plans.

Family support principles are a significant aspect of P.L. 99-457. This is most strongly evident in the Individual Family Service Plan (IFSP) requirement to establish a service plan for every family with a child receiving early intervention services. The IFSP's significance lies as much in the process of its development as in the plan itself. This process requires that the child be viewed within his/her family context. Planning for the child's care must acknowledge each family's individual strengths and enable each family to find other resources to address problems they cannot solve alone. Emphasis is on the parents and the helping professional becoming partners.

Family support aspects of P.L. 99-457 are further demonstrated in the requirement for interagency coordination. To be more responsive to the needs of families, various resources across systems are to be integrated so that all families will have access to a comprehensive, well-organized continuum of services.

Beginning several years prior to passage of P.L. 99-457, Maine and Texas pioneered interagency coordination mechanisms for families with children who have special developmental needs.

### Texas' Early Childhood Intervention

The Texas Early Childhood Intervention program began in 1981 with a \$6 million state appropriation to establish a network of programs that offer physical and/or occupational therapy, counseling, support groups, drop-in center services, and home visiting services for parents of children under six years old who are developmentally delayed or are at risk of developmental delay. These programs, located where they can be most responsive to families, can be found in both private and public agencies, school districts, universities, colleges, and hospitals. Linkages to other community social services also are strongly encouraged. Parental involvement in every aspect of policy planning and program development is required by the state.

P.L. 99-457 created a new funding source for Texas' activities. Although the Texas program was already administered by the Early Childhood Intervention (ECI) unit, an interagency governmental unit comprised of the Departments of Health, Education, Human Services, Mental Health, and Mental Retardation, and a parent representative,<sup>52</sup> Texas has now established an advisory Interagency Coordinating Council that specifically meets the requirements of P.L. 99-457. Thus, Texas can qualify for the law's incentive funding and will receive an additional \$5.5 million in federal funding on top of its state appropriation for this program.

The Texas network has grown to include 71 programs serving more than 12,000 children with a state budget of over \$10 million (expected to increase to at least \$14 million in FY 90).

### Maine's Intergovernmental Coordinating Committee

The 16 local projects in Maine's statewide program for preschoolers at risk of developmental difficulty is managed by the Interdepartmental Coordinating Committee for Preschool Handicapped Children (ICCPHC). In existence since 1978, the program seized on P.L. 99-457 as an opportunity to establish the ICCPHC as the federal fiscal intermediary, thus institutionalizing the role of interagency coordination in Maine's special needs program development.

The projects are highly localized and vary greatly across communities. Typical of these preschool projects is the Child Health Center of Norway, which began as a non-profit health service agency converted from a private pediatric practice. Over the course of ten years, the agency has expanded into a multi-disciplinary center that includes a wide variety of services. In addition to providing traditional medical services for disabled children, the Center now includes children at "psycho-social risk," and it operates a community-based nursery school open to the general population. Parent and family involvement in the delivery of all services is emphasized. The Center recently added a parent drop-in center staffed by a pediatric nurse practitioner and parents. Families are able to pick up parenting resource information or educational materials and also can engage in social activities, such as exercise classes.<sup>53</sup>

The opportunity which P.L. 99-457 provides states to support families caring for children with special developmental needs is unparalleled. All states have been affected by P.L. 99-457 and many have begun to make major steps in applying the law.

#### Strengthening Young Families Through Assisting Young Parents

By the time a teen parent enters the traditional service system, problems that will plague a family for a lifetime and possibly for generations may have already begun. Babies of adolescent parents are subject to numerous health risks from the moment they are conceived; 17.6 percent of all low birth-weight babies born in 1985 were born to teen mothers.<sup>54</sup> Teen parents are less likely to be able to earn wages that will ensure their family a decent living; thus, child poverty is strongly associated with adolescent parenting. As teen parents grow older and have additional children, many are subject to compounded problems that can accompany single parenthood, including child abuse and neglect. Confronted with high rates of teen pregnancy, communities and public officials have begun developing innovative responses to address the special needs of these families.

### Illinois' Parents Too Soon

In the mid-1970s, the Governor of Illinois established Parents Too Soon, a program to address the state's teen pregnancy problem. This program has three goals:

- 1) To reduce the incidence of teen pregnancy;
- 2) To reduce the health risks associated with adolescent pregnancy (especially infant mortality); and
- 3) To improve teen parents' ability to cope with the responsibilities of parenthood.

The Parents Too Soon program is managed by Ounce of Prevention, a public/private agency which coordinates a number of state and community-based public and private agencies to develop and provide services. The kinds of services provided include home visiting, parent groups, developmental children's services, and pregnancy prevention services. Currently, there are 37 different initiatives operating in social service agencies, schools and churches under Parents Too Soon.<sup>54</sup> Programs to reduce the incidence of first pregnancies reached 83,707 Illinois residents in 1986-1987.<sup>55</sup> This coordinated approach has been credited with an 18 percent drop in births to Illinois teens aged 15-19 over five years.<sup>56</sup>

### Maryland's Family Support Center

Another example of a state family support effort focused on teen pregnancy-related objectives is Maryland's Family Support Center initiative. These neighborhood drop-in centers, developed locally by a wide range of agencies (churches, schools, housing authorities, private social service agencies), are extremely responsive to local community and parent needs.

The centers serve young parents with children birth - three years old, with priority given to adolescent parents. The centers' goals for teen parents are to maintain the adolescent in school, prevent a second pregnancy, assure the child's age-appropriate development, and increase the teen parents' skills. To accomplish these goals, the centers assure eight core services: parenting education, child development assessment, education and job skill development, health



education, social and emotional support, recreation, child care, and adolescent pregnancy prevention services.

Maryland's program is overseen by a public-private intermediary organization, Friends of the Family, Inc., established through a partnership of state agencies and local foundations. The state agencies (health, social services, and education) all contribute to the family support center initiative, recognizing that family support and early intervention services must be the responsibility of all agencies.

Maryland's most recent evaluation indicates that the family support centers are achieving their goals. For example, the centers reported that the repeat pregnancy rate for participants is 9.5 percent over an 18-month period, compared to a national rate of 30 percent for a comparable population.

Family support practices and principles are a key ingredient for state strategies addressing the problem of adolescent pregnancy. The unpreparedness of adolescents to be parents is at the core of many of the later problems experienced by them and their children. By strengthening the young parent's ability to cope with parenthood while simultaneously offering a comprehensive range of health, educational, and employment-related supports usually needed by these adolescents, program strategies may help these families avoid the long-term consequences of teen parenting.

#### Preventing Child Abuse and Neglect

As reports of child abuse and neglect continue to rise, state administrators are beginning to understand the need for interagency collaboration to address the intertwining stresses that often result in harm to children. Family support strategies can bring together resources for children that have not traditionally been available through the child welfare system. The promise of family support is to find ways of breaking the cycle of abuse and neglect which all too often leads to family dissolution and child placement. Effective long-term strategies must incorporate ways of supporting families before unrelenting pressures and tensions lead to a

child's harm. While no statewide initiatives built around this goal have been identified, several local programs illustrate the potential.

#### Boulder's Community Infant Project

In Colorado's Boulder County, the Community Infant Project, a primary prevention and early intervention project, is designed to prevent child abuse and neglect of young children by strengthening family development during the prenatal period and early years of life. Three local agencies -- the county social services, mental health, and public health agencies -- have come together to provide in-home visits by nurses, parent-infant therapists, and volunteers to develop parenting skills and encourage the use of community resources. Referrals come mainly through health agency contacts and child protective services.. The project strives to create an individualized family program. Each family initially spends four to six weeks in evaluation before formal service delivery begins. This period enables the staff to determine both the strengths and needs of the family and to build a trusting relationship before formal home visiting begins.

This program reports a significant increase in family functioning, confidence in parenting, and use of social supports by the mothers in the program. Additionally, subsequent abuse and neglect reports have not been filed on the families served by this program. Colorado also reports significant cost savings when families enrolled in the project are compared with similar families served by the Department of Social Services in the traditional child welfare system. For example, in a failure-to-thrive case, the Community Infant Project's costs over a four-month period totaled \$654; the Department of Social Services' costs for a similar case were \$8,128, which included necessary out-of-home placement, hospitalization, case worker, and attorney and court involvement.<sup>57</sup>

### Addison County's Parent-Child Center

Vermont's Addison County Parent-Child Center, one of the most established of 13 similar programs in Vermont, provides family support and education to pregnant parents or parents with young children in rural Vermont. Among the various services offered are an intensive parenting support class, which meets 20 hours a week for six months.<sup>58</sup> Parenting, child care, and personal development skills are emphasized. Day care is provided for parents while they are in classes. Most of the participants are also able to work with the infants and toddlers in the day care program. This experience is a critical part of the six-month program because it gives parents an opportunity to learn and practice parenting. Each parent is also paired with a home visitor to help parents apply their new learning in their own homes. Since a large percentage of participating parents are believed to have been victims of abuse and neglect themselves, the hope is that early supports to them as parents can head off a self-fulfilling prophecy of abuse to their children. According to the program's co-director, "We feel the three crucial issues in the program are self-esteem development for both parents and children, communication skills . . . , and development of a sense of community."<sup>59</sup>

### Promoting the Healthy Birth and Development of Mothers and Their Infants

Shockingly high infant mortality rates, limited access to quality prenatal care for large segments of the population, and an improved understanding of the importance of quality health care for healthy child development together have stimulated new interest by public officials in developing prenatal health systems.

There is strong evidence that the earlier in the child's development that families receive quality health care, the greater likelihood there is for the development of a healthy functioning family. Recognizing that there are vulnerable populations who either cannot or will not seek appropriate health services, local and state administrators are beginning to create health care strategies that reach out to at-risk families and develop broad family-focused prenatal care programs.

### New York's Prenatal/Early Infancy Project

Expansions in Medicaid funding for pregnant women and experimental foundation projects are helping states initiate and expand family-oriented prenatal care strategies. The Prenatal/Early Infancy Project (PEIP), a nine-year experimental home visiting program located in a semi-rural county in the Appalachian region of New York State, is considered a model for prenatal programs. In this recently concluded project, public health nurses made home visits to 350 low-income pregnant women every two weeks. During these visits, the nurses talked with the expectant mothers and other significant family members about prenatal care, child development, and, to some extent, personal development issues. In addition to providing information, the program established an informal social support system. The PEIP nurses sent regular written reports to the appropriate private or local health department clinic physicians and nurses regarding physical and emotional health information gathered during home visits. Furthermore, in particularly difficult cases, PEIP nurses worked closely with the physician to help the mother adhere to the prescribed medical care plan.

Once the babies were born, PEIP nurses continued to make regular, but less frequent, visits for two years. Families were referred to a local program that provided health and developmental screening and follow-up services until children entered school. The study reported that the women who received the home visits gave birth to heavier babies, worked for longer periods after the baby was born, and were less likely to have another unintended pregnancy during the first four years after the birth than the women in the study who were not visited.<sup>60</sup>

### Boston's Healthy Baby Program

Another example of a family supportive health strategy is Boston's Healthy Baby Program. Begun in 1985 by the Boston Department of Health and Hospitals as part of a comprehensive city-wide strategy for lowering Boston's infant mortality rate, this initiative identified a specific high-risk geographic community with over 5,000 births a year. At the start of the program,

12 neighborhood health clinics and two hospitals with strong adolescent clinics (which together assisted in approximately 3,000 births annually) were invited to form a cooperative network.

The women served by the program are identified primarily through the cooperating clinics and hospitals. A screening process identifies those who show particular behavioral risks that could endanger either their own or their baby's life. Women 17 years and younger are automatically referred to the Healthy Baby Program. Over one-half of the women screened are considered eligible for the services. The program succeeds in enrolling about 70 percent of those who are referred.

The goals of the Healthy Baby Program are to see that mothers get good prenatal and postpartum care, promote positive maternal functioning, and prevent long-term negative health consequences for the mothers and children. The program provides up to four prenatal and three postpartum visits, depending upon how early in the pregnancy the participants reach the programs. Based upon the specific physical and cultural needs of the families, either public health nurses or neighborhood advocates visit the families. They often share the language and cultural background of these families. The staff is flexible in working with the families, willing to visit mothers at home or anywhere the mother wants to meet. Taxi vouchers are provided to help mothers with transportation costs. These visits provide the women with counseling services; help them to develop problem-solving strategies; and offer concrete assistance with shelter, income, food or domestic abuse problems.

The Healthy Baby Program emphasizes careful assessment of families' strengths and concerns, the establishment of goals for the families (jointly decided upon by the family and the staff), and acknowledgment of the family's progress toward each goal during each visit.

The Healthy Baby Program tries to follow each mother through postpartum until the mother has signed up for pediatric care. Most women are discharged after eight or nine months in the program, although a few do stay longer. The program served about 1,000 families in 1988.



Additionally, those mothers with infants deemed at high risk become part of a Healthy Child Program. In this program, every family gets both a public health nurse and a neighborhood advocate and follow-up continues for the first two years of the child's life. The Healthy Baby Program often establishes a long-term, informal relationship with its families. The program director says the staff often see the siblings or other relatives of women with whom they worked and may also see the same women through a subsequent pregnancy.

There is no formal evaluation data available. However, the program's director reports that the target community's rate of infant mortality has gone down in both the black and white populations, the number of low birth-weight babies also has decreased, and the gap in infant health outcomes has begun to narrow between black and white families. The program has recently received a multi-year grant from the Robert Wood Johnson Foundation to establish a formal evaluation component in which city data on child outcomes in 1986 and 1987 will be examined.<sup>61</sup>

Successful programs like these illustrate a crucial point about prenatal care programs that assuring the healthy birth and development of infants and mothers is not strictly an issue of medical care. All evidence indicates the most successful prenatal care should involve maternal support services that begin before the child is born and continue through the infancy and toddler stage. While medical and nutritional care are part of the needed services, mothers must also be given the knowledge, skills and supports that enable them to become effective parents.

The six policy areas just highlighted are not the only ones in which family support may have some useful applications. For example, problems of homelessness and substance abuse could benefit from strategic thinking about helpful family support principles and practices. These complex, multi-faceted problems require the kind of responsive, flexible and comprehensive assistance that many family support and education programs offer. Further, the multi-generational focus of family support programs may offer a vehicle for addressing, for example, the needs of a substance abusing parent in the context of a plan to protect and support the child and the family unit.

## **FINANCING STATEWIDE FAMILY SUPPORT AND EDUCATION INITIATIVES**

Obtaining stable and adequate financing is crucial to the successful implementation and long-term survival of a state family support and education initiative. The choice of financing also is likely to influence the other choices that program developers will make. Alternative financing strategies should be explicitly evaluated against some basic criteria which might include:

- Stability of funding over time;
- Administrative and programmatic requirements attached to the funding;
- Flexibility permitted in the use of funds;
- The "fit" between the family support and education objectives of the initiative and funding requirements.

Once these criteria are enumerated, a number of different financial options can be developed and evaluated. There is no one ideal funding source or strategy for family support and education programs, and the applicability of potential funding depends heavily upon the goals the state is trying to accomplish.

### **Using New State Appropriations**

The first and most obvious funding strategy is the use of state appropriations. Many of the state initiatives previously described have been established this way, often through small appropriations for pilot programs or beginning program development, followed by expansions in subsequent years as programs gained experience and showed some effectiveness. The state funding, although often extremely hard to get and maintain, frequently has the advantage of being the most flexible. Working closely with the state legislature, administrators can develop a financing source which reflects and facilitates the agreed upon program strategy. The experience of state policymakers who have sought and obtained state appropriations for family support and education programs suggests that it is very important to work closely with the appropriation body. The legislature must have a clear understanding of the initiative's goals

and objectives and a realistic appraisal of the resources required to preserve the integrity of the program model.

In establishing state appropriations, legislatures have varied in the degree which the appropriation mandates a specific program model. For example, the legislation establishing the ECFE program in Minnesota defined the minimum appropriate parental involvement and stipulated that funding could not be used for traditional day or nursery school programs (thus meeting the legislature's concern), but did not dictate the specific services or program formats for the local ECFE programs.<sup>62</sup>

The Kentucky PACE program began as a pilot in six school districts with an initial appropriation of \$300,000. By 1987, it received \$1.2 million from the Kentucky Department of Education, which allowed the program to expand to 12 districts. In addition to limiting the number of participating districts, the authorizing legislation set the applicant eligibility criteria.

The Minnesota ECFE program had the opportunity for steady, planned expansion with state funding. The program increased from six urban, suburban, and rural sites in 1974 to 36 pilot programs before it received permanent funding status in 1984. Today, each ECFE program is funded through a combination of State Department of Education aid and a local community education district levy determined by a legislatively established funding formula. In 1988, the Minnesota program was funded with \$18.3 million, 40 percent of which came from the state Department of Education and 60 percent from the local districts.

#### Consolidating Categorical Funds

In recent years, the difficulty in freeing up state funds for the new human services initiatives has led many states to fund new programs by piecing together monies available through existing categorical federal, state and/or local funding streams. The principal advantage of this strategy is that it does not require a new appropriation for family support and education and may allow progress in a budget-conscious environment. Another advantage is

that having multiple funding sources may make programs less vulnerable to changes in any one of them. This strategy also can reflect the strong relationship between the family support initiative and other agency public policy objectives.

There are disadvantages, however. Relying on categorical funding may inhibit the flexibility desired in the family support initiative. The requirements of each categorical funding source may be too constraining.

For example, the co-director of the Vermont Addison County Parent/Child Center notes, "Approximately 60 percent of our budget is stable. [Other funding includes] annual grants and contracts [that are often] in the form of seed money or pilot projects which are limited to one to three years of funding. Our Learning Together Program has had eight different sources of funding over the course of five years." This kind of funding base can be administratively burdensome and enormously time-consuming to maintain.

Further, relying on multiple categorical programs, over the long-term, could distort the program objectives and prevent program managers from doing long-term planning. Program expansion could be more dictated by available funding opportunities and less by family or community need.

Despite the negatives, it is possible and in many instances necessary to piece together categorical funding to properly finance family support and education initiatives. Vermont's Parent-Child Center program is a good example. Although the centers do receive a small state appropriation, in FY 87, only 30.6 percent of the centers' budgeted funds were from the state (i.e., human service agency funding, education funding for early childhood education initiatives, and vocational rehabilitation funding). The other funding for these centers came from a combination of federal and private resources. For example in 1988, the Addison County Parent/Child Center relied on USDA child nutrition program reimbursements, United Way contributions, Carl D. Perkins Vocational Education Act funding, Adolescent Family Life

Demonstration grant funding, Juvenile Justice and Delinquency Prevention funding, and paid by parents for child care services, classes, driving lessons, and other services.

Another example of a state's creative use of existing financing is Arkansas' Home Instruction Program for Preschool Youngsters (HIPPY). HIPPY is a home-based school readiness initiative aimed at educationally disadvantaged 4- and 5-year-olds.<sup>63</sup> The participating mothers are likely to receive AFDC, perceive their future opportunities as extremely limited, and require a great deal of skills development. A number of foundations gave limited support to the program's implementation during the first year, 1986-87. However, because of the program's emphasis on parent involvement in the teaching of the children and the program's positive effect on the parents (through their return to school or getting more literacy training), the program administrators were able to get substantial funding through the Job Training Partnership Act (JTPA). Eleven of the 14 HIPPY sites receive full or partial JTPA funding. By working with the State Department of Education and local school districts, HIPPY programs are funded primarily through JTPA and/or Chapter I funding. They also have drawn on Head Start and Carl D. Perkins Vocational Education Act funding. The nature of the funding of each HIPPY site is determined by the existing resources in the community. Thus, "every program is a little different from the others," says Ann Kamps, the Governor's special assistant on early childhood programs. Although the HIPPY program essentially will provide the same educational/developmental curriculum, the program's focus (i.e., an early childhood theme or one more oriented towards vocational job training) is often influenced by the funding sources.

The difficulty with relying on these funding sources (especially JTPA and the federal education funds) is the requirements which accompany them. For example, using federal education funds requires that the HIPPY program be established through a local school district. While JTPA funding permits HIPPY to be in either the local school district or a JTPA service delivery area, it does require that participants go through a lengthy paper certification.



However, in spite of the sometimes burdensome restrictions, tapping into these funding sources (particularly JTPA) has enabled an economically-strapped state to implement and expand a needed program. "We could not survive without JTPA funding," Kamps emphasizes. "It has required a real partnership between JTPA and the HIPPY programs. It has required creativity from the JTPA program and a willingness to be flexible from HIPPY. It's been a real growing process for all of us. But I think we've got better HIPPY programs as a result." This financing strategy also has promoted inter-agency human service linkages (e.g., education and income maintenance) that are necessary for effective family support programs.

While a complete listing of all potential categorical funding sources is beyond the scope of this discussion, there is a range of funding sources that states can draw upon when attempting to consolidate funding for family support and education initiatives. The ability to tap into specific sources depends upon the particular policy objectives, the kinds of services included, the target populations and the service delivery model of the programs. Additionally, new funding opportunities are increasingly becoming available.

The Education of the Handicapped Act Amendments of 1986 (P.L. 99-457), described earlier in this paper, appropriated \$69.8 million in federal funds in FY 89 to create a new discretionary state grant program for developmentally disabled infants and toddlers. Furthermore, the law authorized states to receive additional federal funds determined through a three-part formula based on the number of 3- to 5 year-olds requiring special needs service in each state. Generally, P.L. 99-457 offers states an unprecedented opportunity to plan carefully for the required program expansion in FY 91.

The Augustus F. Hawkins-Robert T. Stafford Elementary and Secondary School Improvement Amendments of 1988 (P.L. 100-297) authorized funding for two family support and education programs. One program, the Comprehensive Child Development Center Act under Part E with \$19.76 million for FY 89, is intended to provide comprehensive family support services to low-income families in small, local communities. The Head Start Bureau of the Administration for

Children, Youth and Families (ACYF) which manages the program, has awarded \$18 million in demonstration grants to 22 recipients. These recipients, including universities, public schools, private agencies and public health and social services agencies, will provide a variety of family support services (e.g., health screenings, employment training, counseling) to approximately 4,000 families.<sup>64</sup> These grants will be renewable each year until 1993.

The Even Start program also was authorized by P.L. 100-297. Modeled after the Kentucky PACE program, its goal is to create opportunities through school districts for parents and their children to learn simultaneously in school settings. Through Even Start programs, parents will receive GED preparation and literacy training, while their children participate in child development activities. The Department of Education awarded \$14.1 million in Chapter I Even Start grants to 73 small rural and large urban school districts in 44 states and the District of Columbia. Additionally, three Migrant Education Even Start grants totaling \$444,600 were awarded to the state departments of education in Louisiana, New York and Washington. These projects will provide family support educational services in a variety of ways including making home visits, organizing parent-child play groups, providing instructional videos, and coordinating the transportation of mobile learning units in rural areas. These grants are renewable each year until 1993.<sup>65</sup>

Although the primary emphasis of the Family Support Act of 1988 (P.L. 100-485) is to facilitate parental employment, limited funding has been made available for the establishment of demonstration projects that include early childhood development programs and community-based family support services. A total of \$13 million will be authorized for the administration of these family support demonstration projects from 1990 to 1992.

Finally, developments in FY 90 could create additional opportunities as well. (For example, the final FY 90 appropriations bill included a \$170 million increase in the Head Start appropriation. Additionally there are a number of federal family support bills that have been

introduced to Congress this year that could result in increased federal funding for these programs.)

The trick to putting together categorical funding sources lies in persistence, creativity and, in most cases, interagency planning and cooperation. For example, many states are taking a fresh look at their Medicaid programs to see how they might be used to fund a more coherent system for health, mental health, special education, and social services for children and families. Several of the Medicaid provisions, including case management options, prenatal care support services, and optional preventive services, have potentially broad applicability for family support and education programs. Although currently no state family support initiatives apparently have taken advantage of these opportunities, this is an entitlement funding source that could be explored in the future.

#### Creative Partnership

A strategy that seems particularly effective in gaining the political and financial backing for family support initiatives is to develop them through public-private partnerships. The advantage of this strategy is that both financial responsibility and political credit for the new initiative are shared between the public and private sectors. Also, the availability of even a small amount of private sector (business and/or foundation) funding often can act as a powerful incentive for freeing up other state or local funds.

The Ounce of Prevention Fund is one of the oldest family support public/private partnerships in the country. The Pittway Corporation Charitable Foundation and the State of Illinois established the Ounce in 1982. For FY 87, a number of corporations, foundations, families, trusts, and individuals -- in partnership with state and federal agencies -- contributed \$7.86 million to the Ounce of Prevention Fund.

Maryland's Family Support initiative is a more recent example of such a financing strategy. The State of Maryland Department of Human Resources and two private funders, the Aaron and Lillie Straus Foundation and the Morris Goldseker Foundation, established a three-way

partnership of local communities, the public sector, and the private sector to develop and implement Maryland's family support initiative. The formal partnership agreement specifies that all decisions on funding priorities, financing strategies, program development, and evaluation are jointly made by the partners. Additionally the partnership established an intermediary, Friends of the Family, Inc., to oversee further development of the initiative. The partnership has since grown to include two other state agencies, the Department of Health and Mental Hygiene and the Department of Education, as well as three additional private foundations.

Such partnerships create opportunities for agencies and other organizations that have never worked together before to coordinate existing resources and thereby assist families more effectively and efficiently.

On the other hand, such partnerships can be fragile and require that significant attention be given to the particular interest of each partner. Administrators must often devote substantial time to nurturing these partnerships and ensuring that the differing expectations and needs of each partner are met. While the hybrid nature of this financing strategy permits greater flexibility and encourages creativity in program development, it can also make it difficult for any one agency to fully commit to the program and thus give it a permanent "home."

#### Redeployment

A fourth funding strategy involves redeploying funds from existing programs to family support and education initiatives. Of all the strategies discussed, this is still primarily at the conceptual stage but suggests some creative possibilities for the future. The Annie E. Casey Foundation's Child Welfare Reform Initiative is exploring the practical possibilities for redeployment financing. Each of the states participating in the Casey initiative has made commitments to look across major systems that affect the lives of children and their families (i.e., juvenile justice, mental health, special education, health, and child welfare systems) to determine if there are financial resources that could be used more effectively elsewhere. For example, by preventing unnecessary out-of-home placements of children, the states hope to free

up dollars which can be used to develop a comprehensive service system that includes an enriched mixture of family preservation and family support programs.

The possibilities for funding family support and education initiatives are varied and dynamic. In the quest for adequate and stable financing for community programs and statewide initiatives, it becomes imperative at the outset to have a clear understanding and commitment to programmatic goals and objectives. This sense of what the initiative wants to accomplish and for whom must be an integral part of developing the required resources. Further, maintaining and expanding the resource base over time will require the ability to document programmatic success, the continued support and involvement of key actors at the state level and in local communities, and skillful political and programmatic negotiations.

### CONCLUSION

The growing interest in family support and education programs across the nation is a natural response to changing social conditions and realities. Traditionally American society has assumed that families, on their own and without any assistance, can responsibly meet all the needs of their children. Growing out of that belief, the public system of services was not designed to help all or even most families but only those families and children with exceptional needs -- for example, the orphaned, the disabled, and the obviously dysfunctional. The new reality is that contemporary economic and social conditions require a more supportive public policy for all families. Lower wages, two-earner families, single-headed households, and increased social mobility are just some of the factors forcing the realization that many more families need support and assistance than traditionally assumed. The inclusion of family support and education initiatives on the public policy agenda affirms this new imperative.

In advocating for the development of family support initiatives, however, they must be seen as crucial but not exclusive responses to improving the lives of children and families. The public policy agenda must also continue to emphasize economic and other strategies, including



better jobs, higher welfare levels, increasing the minimum wage and improved housing policies and programs. Without progress on these fronts, family support and education programs run the danger of unrealistic expectations for what they can achieve for families.

The promises of family support and education are significant and worthy of further state development. In the next few years, a careful advancement of family support and education programs into the policy agenda of federal and state governments will affirm our willingness and ability to redirect social policy in response to changing social needs and could have major long-term consequences for the nation's human service programs.

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## STRATEGIC CHOICES



*Minnesota Early Childhood Family Education*



LEGISLATING FAMILY SUPPORT AND EDUCATION:  
PROGRAM DEVELOPMENT AT THE STATE LEVEL

Charles Bruner

## PREFACE

The December 1988 issue of State Legislatures Magazine contained a lead article entitled "Kids, Families and Politics," which concluded that "the problems of working parents with children -- once dismissed as 'women's issues' -- have become hot political topics."

Legislators now find that when they speak of family issues, they strike a responsive chord with their constituents. A decade ago, being pro-family meant allying oneself with extremely conservative ideologies. Today, it is less partisan in nature and much more likely to mean supporting child care subsidies for working parents, family leave policies for employees, family life education programs in the schools, and other forms of general family support.

This increased legislative emphasis on the "family" provides significant opportunities for the family support and education movement. Legislators are particularly receptive to new approaches to prevent the "rotten outcomes" that Lisbeth Schorr addresses in her book, Within Our Reach. This is in part because these "rotten outcomes" (teen pregnancy, school dropout, delinquency, chemical dependency, unemployment and welfare dependency) impact so heavily upon existing state budgets. It also is in part because they appear as increasing threats to the well-being of everyone in society. And it is in part because strong families are viewed as essential to averting such "rotten outcomes" in the first place.

Altogether, there are a variety of reasons for family support and education advocates to look toward state governments and state legislatures for financing new programs:

- As federal support for human service program innovation has declined, it has become increasingly apparent that a redirection in family policy is most likely to come first at the state level. Even most of the new federal welfare reform provisions simply are extensions of successful initiatives first developed by state governments.
- The changing structure of the family in American society has created a broad-based constituency for government initiatives to assure such social goods as quality, affordable child care. Two decades ago, the need for child care was limited. Today, most families with young children must seek quality child care arrangements. The increases in single parenting, blended families, joint child custody, and the need for two incomes to provide family economic security have placed new and substantial strains upon many families. Increasingly, these are being articulated in political terms.

- Many of the problems faced by state legislatures directly or indirectly emanate from breakdowns in family support. In many cases, criminal behavior can be linked to a history of neglect and abuse as a child. There is increasing evidence of the intergenerational nature of welfare dependency and teen pregnancy. Press coverage of specific custody battles, child abuse and neglect cases, or foster placements that resulted in tragedies for the children involved have produced their own calls for legislative action.
- A variety of statistics suggest that children in American society are at an increasing risk of harm. Children today are those in our society most likely to be poor. Dramatic increases in foster care placements in many states call attention to the effects of dysfunctional families on society as a whole. Drug use and crime are considered major societal programs among the public, and are particularly threatening to our youth.
- Our skilled labor force needs for the 21st century appear to be threatened by our failure to educate many of our youth. School dropout rates remain high in the country as a whole, and at astronomical rates within certain communities. The business community, nationally through the Committee for Economic Development and at the state level through many business organizations, has placed a priority upon "investing" in the education and development of "at-risk" youth, recognizing such action as critical to the country's long-term economic well-being.
- The understanding of a child's developmental process has deepened. Researchers have documented the critical nature of the first five years of life in developing attachments to the world and the dire consequences to infants from living in a neglectful or abusive family. As a result, policymakers have begun to accept a much greater public responsibility to children that precedes the child's enrollment in school. Programs like Head Start, with their key parental involvement component, have shown the effectiveness of carefully structured programs in improving the life outcomes both of the participating children and their parents.
- There is an emerging recognition that "family issues" cross agency lines and that family support and involvement are likely to be necessary in addressing most child welfare concerns, whether these relate to a child's education, protection, or socially acceptable development. Social institutions -- schools, the welfare system, the juvenile court -- are recognizing the need to collaborate and give more attention to family concerns, although this requires fundamental changes in the ways these institutions operate. It is becoming increasingly apparent that families with multiple problems frequently are bombarded with a number of discrete services and interventions which do not connect with one another nor provide a coherent focus on strengthening the family, although such strengthening is necessary for long-term program success. The term "case management" has come into increased use and is a reflection of this recognition of the fragmentation and specialization of the current service delivery system.

Taken together, these factors provide significant opportunities for family support and education advocates as they seek to obtain program support within the state legislative system. Several current state initiatives adhering to the family support and education philosophy



illustrate the ways state legislatures can contribute to financing family support and education programs.

**IOWA'S FAMILY DEVELOPMENT DEMONSTRATION GRANT PROGRAM:  
HOW ONE FAMILY SUPPORT PROGRAM BECAME LAW**

Nationally, welfare reform became a hot political topic in the mid-1980s, and states such as Massachusetts and Washington received national recognition for their welfare reform efforts. Given this activity, Iowa state legislators who traditionally advocated for human services programs were successful in getting the Democratically-controlled General Assembly to make welfare reform a state legislative priority for the 1987-88 legislative biennium. The Republican governor responded by indicating that welfare reform would be one of his major concerns as well. While the rhetoric presumed that welfare reform meant establishing transitions from the welfare system to the workforce for AFDC families, program details were not delineated. Instead, the General Assembly established a committee to operate during the 1987 legislative interim to develop specific program options, while the governor established an interagency task force on welfare reform to operate over the same time period.

At an early meeting, the interim committee established by the General Assembly heard from Gary Stokes, the director of the Mid-Iowa Community Action Agency (MICA). Frustrated with the fragmented array of services (weatherization, surplus food distribution, home energy assistance, etc.) his agency administered to families who often needed other types of support, Stokes developed a people-centered, as opposed to a service-centered, program within MICA.

This "family development program" worked with individual families -- most with long-term dependency upon the welfare system -- in goal-setting, accessing services, and following through on goals. The involvement was long-term, with several years' program participation accepted as long as the family continued to work toward reaching its goals. Stokes noted that most of the families required basic family support services prior to any job training or job placement assistance. He rejected the term "caseworker" for his family development specialists, stating

that the term implied a hierarchical relationship with the client. He cited social isolation and low self-esteem as prime obstacles to his families' efforts to achieve greater self-sufficiency and stated that virtually any family on welfare for more than two years could be considered a troubled family. Program participants testified that MICA's program was the first government program that had taken an interest in them as people and made a difference in their lives. A number of families served in MICA's program gained self-sufficiency after previously having been on welfare for more than five years.

While anecdotal, Stoke's testimony corroborated earlier testimony regarding the nature of Iowa's AFDC population. That testimony, drawing on the work of Harvard University researchers David Ellwood and Mary Jo Bane, indicated that there were substantial differences between families who stayed on welfare for short durations (two years or less) and those who stayed for long periods of time (eight or more years). The latter group (a minority of all families ever served by Iowa's AFDC program but a majority of families on AFDC at any point in time) were more likely to have heads of households who never had married, had failed to complete high school, had no prior work experience, and had borne more than one child as a teenager. Further, while constituting fewer than three percent of all Iowa families with children, AFDC families with such long-term dependency risk factors produced nearly one-half of all Iowa foster children. The testimony suggested that most "welfare to work" services (WIN, JTPA, and Job Service) served AFDC families whose lengths of stay on AFDC were likely to be relatively brief whether or not they received services. On the other hand, the greatest programmatic gains could be achieved by targeting families for service who were at risk of long-term dependency. The testimony concluded that those families at risk of long-term welfare dependency also were likely to require more intensive services over a longer period of time, focusing upon such issues as self esteem and family life skills development prior to employment-related training.

Other statistics helped reinforce the belief that welfare reform required a broader perspective than employment and training. Between 1983 and 1987 in Iowa, the number of children

in foster care had increased by 28 percent, with another 21 percent increase projected between 1987 and 1989. To the extent services to AFDC families could reduce demands on the foster care system or improve school performance of the children in the families, interim committee members saw such services as providing multiple benefits to the state. Mark Haverland, one of the interim committee's chairs, noted that while "employable" AFDC heads of households represented less than one percent of Iowa's eligible workforce, 12 percent of all children under three years old lived in AFDC families. "It doesn't make sense not to have the primary focus of welfare reform on family development," Haverland stated, "even if one's goal is the development of Iowa's workforce."

Given this information, the interim committee's 1988 recommendations on welfare reform focused upon support services to families rather than upon restructuring state employment and training programs. Included in these support services were extended medical and child care subsidies, increased AFDC payments, Head Start type preschool program grants to serve low-income children, and family development program grants for AFDC families at risk of long-term welfare dependency.

Just prior to the start of the 1988 legislative session, a group of 32 organizations published a sourcebook on human needs entitled, Doesn't Anybody Care? Outlining Iowa's commitment to human service programs over the previous decade and contrasting that commitment with those made by neighboring states, the book was distributed to all legislators and used as a lobbying tool for a \$60 million state human needs budget increase request. The book provided a sobering picture of Iowa's treatment of children and welfare families in particular and was used throughout the session as an educational tool for legislators. Family development programs were included for funding within that \$60 million budget. The Iowa Business Council, composed of business leaders from many of Iowa's largest corporations, lent credibility to the welfare reform effort by making welfare reform a topic for their review during the year, with a focus upon long-term human capital development.

During the 1988 legislative session, the Senate Human Resources Committee worked to further develop the family development grant program. The enabling legislation, Senate File 2225, eventually was approved by unanimous votes in both the Senate and House. Funding for the grants was included in the Department of Human Services' appropriations bill on a three-year demonstration basis, with \$690,000 committed for first-year funding.

The statutory legislation established a multi-disciplinary Family Development and Self-Sufficiency Council to identify the factors and conditions placing AFDC families at risk both of long-term welfare dependency and family instability leading to foster placement. The Council also was charged with awarding grants to public and private agencies developing family development services to families at risk of long-term dependency.

The legislation spelled out the required elements of the grant proposals, including the grant applicant's description of the assistance to be provided the families served regarding job-seeking skills, family budgeting, nutrition, self-esteem, health and hygiene, child rearing, child education preparation, and goal setting. In addition, grant proposals were required to designate the manner in which other needs of the family would be met, including day care assistance, transportation, substance abuse treatment, support group counseling, food, clothing, and housing. The possibility for comparison group studies was provided for in the legislation through the process by which grantees were referred AFDC clients. A description of staff training and recruitment techniques also were part of the application process.

In brief, the legislation spelled out program components grant applicants were required to consider for inclusion in their programs but did not call for a specific programmatic approach. Grant applicants were allowed to identify specific subsets of the AFDC population with which their program would be involved, provided they met some long-term dependency risk criteria. There was no presumption of a single best program model, and there was a recognition that flexibility was important both in designing the program and allowing grantees to modify it.

Program funding and administration were shared between the Department of Human Services, which administers the AFDC program, and the Department of Human Rights, which oversees community action agencies. The multi-disciplinary and multi-agency character of the Council and the overlapping departmental responsibilities helped address potential turf issues over the program and expand the program's base of support within state government. Ultimately, connection to the Department of Human Services facilitated obtaining a waiver from the federal government to receive matching federal funds.

The actual Request for Proposal (RFP) developed by the Family Development and Self-Sufficiency Council clearly reflected an emphasis upon flexibility. A "Strategic Planning Guide," drafted by the bill's sponsor, stressed the general family support and education philosophy. While the guide envisioned grant proposals containing "family advocates" (a term used in preference to case managers), program details were left to the applicant, including the standards by which program success was to be measured. Applicants were encouraged to select multiple program goals that included child development and family cohesion measures as well as employment readiness and earnings measures. Thus, RFP itself anticipated a variety of providers and program approaches to be funded.

In the end, seven separate grants were awarded, reflecting substantial urban and rural, community action agency and human service provider, and target population diversity. With the exception of MICA (which successfully applied for funds to expand its existing family development program), grants were awarded to new program efforts.

In February 1988, a "Grant Implementation Workshop" was conducted for the seven grantees, which included presentations from representatives from family support and education programs around the country. On-going technical assistance for program development is anticipated, as is a structure for the seven programs to communicate with one another. Outside foundation support is being enlisted for these purposes.



In general, however, the Iowa General Assembly itself took the lead role in developing the family development demonstration grant program. Several factors were key and, although already mentioned, deserve special emphasis:

- The family support and education program philosophy fit into an existing legislative priority -- welfare reform -- about which legislators felt a need to act. Further, the emphasis upon "at risk AFDC families" helped identify a special population for which family support and education programs seemed particularly appropriate.
- An existing community-based program, MICA's Family Development Program, provided some flesh-and-blood examples of families benefiting from such services. It reinforced the argument that certain AFDC families would benefit from services that extended beyond simple "welfare to work" approaches.
- The requirement of program outcome measurement and comparison group analysis helped allay concerns that the flexibility of the program approach and the newness of the program model would make it difficult to know whether state funds were being wisely spent. The emphasis on multiple program goals helped promote the notion that family support and education extended beyond the head of household's employment success.
- A broad coalition of human service providers and business leaders helped legitimize the issue and give credence to what constituted a new approach to welfare dependency. They served as a constituency to whom legislators could respond favorably by enacting the family development legislation.
- State agencies (and ultimately the governor) -- through their representation on the Council, responsibilities with respect to the program and need to work on other issues with the legislative advocates for the program -- were drawn into a position of support for the program. The broad agency representation also helped assure that the grant programs retained a holistic focus with respect to families and did not become the purview of a single agency's approach.
- Technical assistance was available to follow the process beyond the enactment stage to the actual drafting of the request for proposal, the "Strategic Planning Guide," and on-going work with grantees in program development. This early technical assistance proved to be critical to retaining emphasis upon the family support and education philosophy.
- The enacted program represented a truly distinct approach to welfare reform in which legislators could take pride. The unique elements of the program and its tailoring to Iowa's concerns gave many legislators a very strong stake in assuring the program's continued development and success.

The Iowa approach to state-financed family support and education -- one taken in the context of welfare reform -- is but one of many possible state legislative approaches. Many of the factors listed above, however, are relevant to any state effort to initiate such programs.

## LEGISLATIVE INVOLVEMENT IN OTHER STATE FAMILY SUPPORT AND EDUCATION PROGRAM INITIATIVES

Each of the 50 state legislatures is unique. Organizational structures, staff support, degrees of partisanship and professionalism, and budgetary responsibility vis a vis the executive branch differ widely among them. This makes it impossible to provide many generalizations about the state legislative process applicable to all state legislatures.

It is fair to say, however, that over the last decade the responsibilities of all 50 state legislatures have increased. Further, it is clear that significant state involvement in family support and education programs cannot be achieved without the active support of the legislative branch of government.

The following state programs all embody the general family support and education philosophy. The brief descriptions stress the manner in which legislative involvement and activity has furthered program interests.

### Maryland's Family Support Centers

In dubious distinction, Baltimore, Maryland, boasted the country's highest teenage pregnancy rate in 1985. Teenage pregnancy was high throughout Maryland, and therefore of particular concern both to policymakers and the public.

The development of family support centers -- community-based, drop-in centers that focus on teenage parents and other young families and their children -- was the state's response to this concern. Maryland's Department of Human Resources worked with private foundations, community groups, and advocates for children to design family support centers as a new type of resource that could assist young parents with educational, vocational, health, and social needs, at the same time that parents were developing better parenting skills. Four such centers were created in 1986, each with its own distinct community focus but each also adhering to a philosophy of family support and education and providing a core set of defined services. These include the development of parenting skills, peer support programs, child diagnostic and assessment

services, well-baby visits, drop-in child care, general counseling to assist parents in goal setting, GED programs, and appropriate referrals for other services or concerns.

The Maryland legislature has taken an active interest in the centers' initial development and expansion. Friends of the Family, a public-private intermediary organization established to provide policy direction, set standards for, and provide technical assistance and monitoring for the separate centers, has worked to cultivate this legislative support and to inform legislators of family support center activities. Legislators have been brought into the process through participation in individual Center planning activities as well as through the Friends of the Family contacts. Initial evaluation data suggesting Center clients were more likely to avoid subsequent pregnancies and more likely to stay in school provided legislators with a rationale for the continuation and expansion of state financial support.

In Maryland, where the General Assembly by the State constitution cannot increase the Governor's budget recommendation, legislators have petitioned the Governor to increase his budget requests for the family support center programs. Delegate Nancy Kopp, who has taken a leadership position in this effort, considers the centers among the most popular and worthwhile of state-financed human service programs: "While the state legislature in Maryland did not originally initiate these programs, we have taken a keen interest in them and follow their progress closely. We clearly see in them a more effective way of strengthening families and warding off problems before serious breakdown begins."

#### Minnesota's Early Childhood Family Education Program

State-sponsored parent education and family support programs essentially began in Minnesota in 1974, under the leadership of State Senator Jerome Hughes. That year, Hughes successfully guided authorizing legislation through the Minnesota legislature to establish six pilot Early Childhood Family Education (ECFE) programs. Hughes' professional background in community education and his knowledge of the child development research literature made him an effective

educator of his colleagues on the potential values of state-supported early childhood family education.

The initial enabling legislation for ECFE provided for diversity in program development and local program ownership while maintaining clear parameters for program goals and purposes. Based on two premises -- first, that all parents have strengths and want to do what is best for their children; and second, that the early years of life are a critical developmental and educational stage in the total life cycle -- the pilot programs proved very successful. In 1983, with the continued legislative advocacy and direction of Hughes, the program moved from a grant funding basis to become part of a state aid/local levy funding formula similar to that for public schools. Local districts were encouraged to establish ECFE programs and receive state aid as well as local property tax support. Nearly three-fourths of all Minnesota school districts now administer ECFE programs.

While the Minnesota statutes give substantial flexibility to local districts, they require involvement of the children's parents in the programs. Although programs vary across the state in their emphases, most include frequent meetings that parents and their children attend together. At these meetings, parents both join with their children in developmental activities and separate from them to discuss parenting issues. Participation is voluntary and available to all parents and preschool children, although reasonable fees may be charged for those able to pay.

Promoters of the ECFE program consider its location within the educational system and its availability to all families as essential to gaining broad-based community support and to avoiding any suggestions or stigma that the program provides remediation to parents otherwise incapable of educating their children on their own. Participating parents constitute a strong and recognized local and statewide political base for the program.

### Connecticut's Family Resource Centers

In Connecticut, top legislative leadership -- Majority Leader John Larson in the Senate and Speaker Irv Stohlberg in the House -- determined that one of Connecticut's legislative priorities during the 1987-88 legislative biennium would be to strengthen families through enactment of a comprehensive, family-oriented agenda. This energetic leadership from the state's legislative leaders guaranteed the agenda would receive top legislative billing and publicity and made it "must do" legislation.

These leaders themselves did not have a comprehensive agenda ready for enactment at the start of 1987; but their support helped draw human service advocates, business leaders, and state agency officials together to build one. Eventually, 22 of 36 bills that were part of a "Family and Workplace Agenda" were enacted in 1987. Sixteen of 17 bills that were part of a "Family and Workplace Agenda II" were passed in 1988. The Connecticut Commission on the Status of Women, located within the legislative branch of government, played a major role in developing the specific bills.

One of the 16 pieces of legislation passed in 1988 involved the establishment of demonstration "Family Resource Centers" in three public schools. The Centers incorporate the "community schools" concept developed by Edward Zigler of Yale University's Bush Center on Child Development. They are designed to provide all-day child care for children aged three to five, before- and after-school child care for children up to age 12 (including school vacations), referral services to parents of infants, remedial literacy and parenting services to parents whose children are participants in the child day care services, and a pregnancy prevention program for adolescents. Initially financed with a \$375,000 state appropriation, the Resource Centers are established within the Department of Human Resources but operated in conjunction with the Department of Education. They represent a conscious effort to link family support and education programs with the educational system.



With respect to the overall package and the Centers in particular, Larson indicates that incorporating an evaluation component was essential to gaining support for the legislation. "We are committed to evaluating the results of our family policy," he has said, "and if any of these programs do not work, we will not institutionalize them."

#### Missouri's Parents as Teachers Program

Missouri's Parents as Teachers (PAT) program, first established on a pilot basis in 1981 in four school districts, is now one of the best known state-funded initiatives to provide family support and education to parents with preschool children. The PAT program begins working with parents as soon as possible during pregnancy and offers parents such services as assistance in fostering the child's language, cognitive, social, and motor development; periodic screening of the child's hearing, visual, motor, and language development; monthly private home visits by trained parent educators; and monthly group meetings held at "Parent Resource Centers" for parents with similarly aged children.

Initially, gubernatorial leadership, the Department of Education, and various gubernatorial committees and conferences laid the groundwork for PAT. Four pilot programs were established without a specific legislative appropriation or authorization. Instead, a combination of Chapter II funds, Danforth Foundation support, and local school district funds were used.

Program advocates, however, continued to press for legislative support for the program. This effort led to enactment in 1984 of the Early Childhood Development Act to provide a state financing mechanism for the PAT programs. Fearing that pilot funding would overlook rural schools, a group of rural legislators were successful in amending the 1984 legislation to make the PAT services mandatory in all school districts. Legislative advocates working for enactment of pilot program funding support for PAT found unexpected allies among their rural colleagues in this statewide expansion of the program. Since that time, actual funding for PAT has increased dramatically, from \$2.8 million in state funds to serve ten percent of the eligible PAT families in 1985, to \$11.4 million to serve 30 percent of the eligible PAT families in 1988.

The program's universality and emphasis upon "prevention," Missouri's national recognition as a leader in this area, and the strong core of support from parent participants in the program all have helped build the legislative constituency to continue PAT program expansion. While Missouri generally is not recognized as a leader among states in its support for human service or education programs, Missouri legislators point with pride to the PAT program as an example of successful and model state legislation.

#### New Jersey's School-Based Youth Services Program

Many New Jersey middle schools and high schools are beset by multiple teen problems -- teenage mental illness, substance abuse, unemployment, suicide, pregnancy and health problems, court problems, school dropout, and a pervasive poverty that makes tackling such problems much more difficult.

The New Jersey School-Based Youth Services Program, initially financed with \$6 million for grants of up to \$250,000 per school, was established in 1989 to meet, in a holistic fashion, the needs of the 13-19 year-old youth in these schools. Initiated through the New Jersey Department of Human Services, the program garnered legislative and executive support, both because of the way the program was structured and the problems it sought to address. Key legislators in both the education and human services fields worked with state agency personnel and became the legislature's program advocates, convinced of the critical need to join education and human service efforts in addressing youth concerns. The program itself was marketed effectively as a locally-based solution to problems lawmakers saw as very serious and not well addressed by existing state-funded education or human service programs.

A key element of the school-based youth services program is its reliance upon local leadership for overall program development and its requirement that a broad base of support be enlisted for the program. Programs must include job training and employment services, mental health and family counseling services, and health care services. They are encouraged to include day care services and instruction in parenting skills for adolescent parents, outreach

to parents, substance abuse counseling, and special outreach to adolescents who have dropped out of school. A community education program targeted to parents is required, as is parental consent for teenage participation in the program. Priority in funding goes to communities with extensive teenage problems.

The New Jersey School-Based Youth Services Program may not be thought of as a "family support and education" program, but it contains the general essence of the family support and education philosophy. Although it involves a very different age group than other state programs discussed, the New Jersey program retains the same focus of working in partnership with the client, treating the client with respect, and working with the client's individual concerns and goals. Like other family support and education programs, it emphasizes parental involvement and works to strengthen families. It further seeks to provide a holistic, multi-service and multi-goal focus to its efforts. And it places the greatest share of responsibility for program development at the community level.

#### Summary

The programs discussed here certainly are not exhaustive of family support and education programs receiving state financial and statutory support. Oregon's Family Support/Parent Education Program, Vermont's Parent-Child Centers, New York's Family Resource Centers, and Illinois' Ounce of Prevention programs all are examples of specific family support and education program initiatives with significant legislative involvement. In addition, Colorado's First Impressions Task Force and California's Changing Family Task Force are examples of legislatively-oriented efforts to build a base for state financing for programs adhering to family support and education principles. The programs, however, indicate the diversity in program design and the range in levels of legislative involvement in establishing state financing for family support and education programs.

In Iowa, Connecticut, and Minnesota, legislators took the initiative in program design and development. In Missouri, legislators were drawn into the process after the implementation of

pilot projects but were key to PAT's expansion statewide. To date in New Jersey and Maryland, legislators have played a responsive and facilitating role to executive branch initiatives.

The rationales for program development were specific to each state's particular concerns. In Maryland, New Jersey, and Iowa, family support and education program efforts were seen as a means of addressing a specific social problem demanding solution. In Connecticut, family support and education programs fit into a broader array of programs designed to deal with family needs in a changing world. In Minnesota and Missouri, family support and education programs were identified as universally beneficial to parents and, therefore, deserving of state support as part of a comprehensive educational continuum for children.

The locus of program service itself varies. In Missouri, PAT stresses frequent home visits. Maryland's family support centers are drop-in facilities. New Jersey's and Connecticut's programs are school-based. The seven programs funded by Iowa, vary in being center-based, home-based, and office-based. Both education and human services departments have been designated as lead agencies for program administration.

The population served also differs. New Jersey's program involves teenagers and their families within individual school systems. Missouri's and Minnesota's programs involve families at all income levels with preschool age children. Maryland's program focuses upon teenage parents, Iowa's on families at-risk of long-term welfare dependency. Connecticut's program involves families with preschool and early elementary children, also with an emphasis upon at-risk families.

Finally, statutory authority for the programs is different. Iowa, Maryland, Connecticut, and New Jersey all are demonstration grant programs. Minnesota and Missouri, while started as pilot projects, have now achieved more permanent funding status. Minnesota incorporated its program directly into a state education aid formula, exercised at the option of local districts. Missouri mandates all school districts to develop programs, and by appropriation defines the total number of families to be served.

These differences to a good degree reflect the different political cultures and different key program developers in the six states. One strength of the family support and education philosophy is that it is adaptable to a variety of political climates and social circumstances.

While the programs themselves are diverse, there are significant common elements. Each of the programs is structured to respect the integrity of the families it serves and to build upon family strengths. Each provides substantial local discretion for program development and administration and is structured to draw upon existing community resources. Each seeks to provide services and support requested by the families served and is willing to cross administrative lines and barriers to do so. Most have some evaluation component that stresses program outcomes, usually on the basis of multiple measures of program success. This evaluation component corresponds to the greater flexibility in program design that local program developers are allowed. Because internal program comparisons are not possible, outcome measures become essential to program evaluation. Further, this evaluation allows for a reasoned decision by legislatures on whether the programs warrant expansion statewide.

Perhaps the most important common element is that the legislative branch of government has assumed significant ownership of these programs. Legislators in each of these states take pride in their unique approach to addressing their own state's particular concerns. This pride of ownership is important to continued state program support and development.

#### **THE FUTURE OF STATE-SUPPORTED FAMILY SUPPORT AND EDUCATION PROGRAMS**

With the exception of Missouri's PAT and Minnesota's ECFE, state-financed family support and education programs are in their infancy. Although most family support and education programs have evaluation components built into their design, it will take years and perhaps decades to measure their success fairly. Further, as pilot efforts, they reach only a small portion of their potential target population; their success in serving a larger portion of that population is yet to be seen. Finally, successful programs are very dependent upon staff



skilled and committed to the family support and education philosophy, which may be difficult to replicate simply by increasing state funding.

Still, the potential for greater state support for such programs is clear. Existing family support and education programs constitute some of the "thousand points of light" to which President Bush referred in his presidential campaign. To address the challenges facing American families and children, however, will require tens of thousands, if not millions, of such points of light. Foundations and the private sector cannot be relied upon for this level of effort. Government will have to play an increasing financing role. Important to attracting legislative support is assuring that the programs financed retain their essential character after receiving state financing. The longer-term challenges to state-financed family support and education programs, given the limited history of existing programs, can only be conjectured. It is clear, however, that family support and education programs cannot be diluted or channeled into the existing bureaucratic structures if they are to be successful in adapting to meet unique family needs.

One major challenge in using state financing to expand upon successful community family support and education program models is to develop a state administrative system that allows for the replication of such programs, which are based so heavily upon the commitment and energy of their workers and their "fit" with the community in which they operate. Meeting this challenge will require careful attention to the following needs:

1. To define "family support and education programs" as something different from other state-supported programs, and in particular as different from most "case management" initiatives proposed through state agencies.

The term "case management" has come into increasing use and often refers simply to improved coordination of existing services. Such "case management" may be very hierarchical in structure and not consistent with the family support and education philosophy. Because it is possible that family support and education will be considered simply another name for "case management,"

there is a need to continually educate legislators, staff, and agency personnel on why family support and education programs represent a distinct form of social intervention.

2. To demonstrate that such programs have the capacity to meet legislators' needs to eliminate some of the "rotten outcomes" families currently experience (which often cost the state significant financial resources).

Program advocates must be willing to accept achievement positive social outcomes on measures with which state policymakers are most concerned. Rigorous evaluation can help provide documentation of program impact on such measures, but such measures should provide for a broad range of possible program impacts.

3. To assure that program implementation will not subvert program goals and purposes through excessive regulation and to provide sufficient staff training and development to assure that creative and enlightened people administer the programs.

A new administrative approach for such programs is likely to be necessary to allow programs to retain the flexibility they require in working with families. Administrators at the state level must be as well versed in the family support and education philosophy as the practitioners in the field. Continuing education and staff development and training must be provided within the overall state financing structure.

4. To retain sufficient program intensity and duration to make a difference with the families being served.

To be successful, family support and education programs require the flexibility to work with individual families over longer periods of time and at greater levels of intensity than is usually allowed for families not in crisis. Meanwhile, there exists a general legislative tendency to dilute programs through serving additional clients without commensurate increases in funding. The need for long-term, relatively intense involvement with families must be recognized as a critical program feature, or it likely will not survive the legislative and budgetary process.

5. To embed programs within the communities they serve through active community involvement in program design and through coordination and collaboration with community institutions and programs.

In part, this can be achieved by ensuring that programs funded have the support of their communities. In part, however, this is a resource issue. Sufficient recognition of the importance of community outreach must exist so that resources are available for the time to nurture and develop such community relationships.

6. To establish broad program ownership and avoid a single agency's dominance that might work against a multi-service commitment to families.

At the local level, family support and education programs often must fight through turf disputes to obtain the support needed for the families they serve. Such programs should not be established within state government in such a manner that they become protectors of a certain agency's turf.

### CONCLUSIONS

Although it is difficult to generalize about state legislatures -- as rules, protocols, and structures differ dramatically among the 50 states -- all consist of people who, by and large, are trying to improve the quality of life for the people in their state. Legislatures are social systems, and relationships within these systems must be recognized and understood if legislative advocacy is to be effective.

For advocates seeking to build legislative support for family support and education programs, the family support and education model itself can be applied usefully to legislative advocacy. If one views legislators as families and the legislature (with its legislators, staff, lobbyists, and constituents) as the legislators' community, there are many similarities between working with legislators and working with families in family support and education programs.

Ultimately, legislators must be educated and truly understand the value of the family support and education model; but advocates must recognize and value the legislator's part in shaping such programs as well. To achieve this end, the following family support and education principles might be applied:

- Outreach: Creating an awareness of the need for and value of family support and education programs.

If legislators are to actively promote family support and education programs, they must be educated both to the need for such programs and the value of the programs themselves. Creating a demand for such services requires a clear enunciation of the existing problems the state faces that family support and education programs can help address. In conducting this outreach to legislators, one must recognize that legislators have to be drawn into the process, which may require multiple contacts, continued outreach, and substantial follow-up. It is important that such contacts be as constructive and positive as possible and fit into legislative schedules. Like families served in family support and education programs, legislators are likely to be suspicious of family support and education programs as yet another drain on the state budget. Overcoming this suspicion is key to any strategy to obtain state funding.

- Client Assessment: Developing effective legislative support.

Different legislators have different strengths and abilities. Formal positions within the legislature do not always reflect these particular strengths. In order to enact legislation, it is necessary to have key legislators actively working for passage of that legislation. It is important to recognize which legislators can be of most assistance in furthering which types of legislation and which legislators are most likely to be opponents. Selecting well-meaning but ineffective legislators as prime promoters of legislation not only weakens the ability to pass that legislation, it also may offend those legislators more likely to be effective in carrying the legislation. Legislators' perceptions of their own abilities are likely to differ from

reality, but it is important that interested legislators be involved to the extent of their capacities. Like families in a family support and education program, one must deal with all legislators with respect and recognize the difficult tasks and stresses they face on their job.

- Family-Advocate Interaction: Putting a human face on family support and education programs.

Few legislators respond solely to statistics on program impact or to discussions of the philosophical underpinnings of programs, and most legislators come with their own notions of what is in the best interest of at-risk families. In any legislature, some legislators favor a stick over a carrot approach. If legislation becomes mired in such debate, however, passage becomes more difficult. From a client perspective, family support and education programs are viewed as valuable for what they provide for the family -- not whether they espouse a certain philosophy. Testimony of program participants at legislative hearings or committee meetings, visits of legislators to existing family support and education programs, and case study examples provided to legislative staff all can place a more human face on family support and education programs -- and a deeper understanding of what distinguishes such programs from traditional social welfare programs. Many legislators have someone in their own families, a son or daughter or cousin, who has experienced stress and strain and would have benefited from a family support and education program. Using real examples and drawing issues close to home are effective educational tools that can build understanding without engaging debate on divisive philosophical questions.

- Goal Setting: Recognizing legislators' needs and skills in establishing a strategy for legislative support.

While a worker at a family support and education program may measure program success by how the families served feel about themselves and whether the quality of their family interactions has improved, these measures themselves do not address legislators' most pressing needs.



Legislators have needs to establish state policies and programs to reduce unwanted teenage pregnancies and child-bearing, high school drop-out and adult illiteracy rates, welfare dependency, foster placements, juvenile delinquency, chemical dependency, and crime. They are unlikely to be interested in spending thousands of state dollars per family on programs that simply make those families "function better." If that improved functioning can be shown to reduce "rotten family outcomes" such as those listed above, legislators will be interested. As in family support and education programs, it is important to respect the client's own goals and to work in partnership with the client in meeting those goals. There is a congruence between legislators' and family support and education practitioners' desires to reduce "rotten outcomes." This congruence over goals should be built upon.

- Recognition: Giving legislators recognition and ownership over their program efforts.

As with clients served in family support and education programs, it is unrealistic to expect total success in a short period of time. Small steps and achievements are worthy of recognition. Relationships established with legislators can be built upon and strengthened over time. The stress legislators face is substantial, and working a new legislative program through the process is a task that requires considerable effort and skill. Legislators deserve recognition and respect for such achievements. As a social system, much of the success of most legislative initiatives can be traced to the peer support and education that legislators provide one another. In this respect, peer support is as important in the legislative process as it is in the family support and education process.

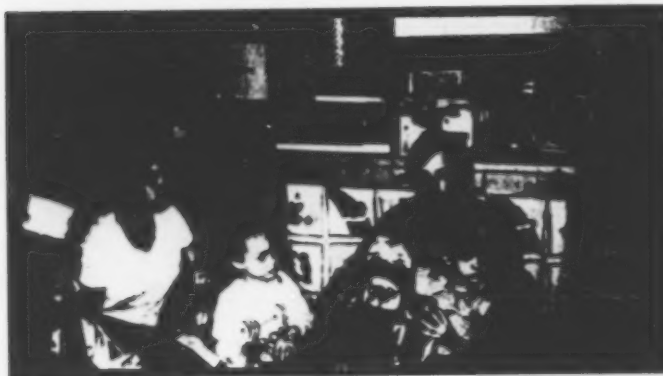
- Collaboration and Community Involvement: Speaking with one voice.

Especially with the fiscal constraints faced by most state governments, obtaining financial support for new programs is difficult. It is likely to be nearly impossible if existing, funded programs question the efficacy of new programs. To avoid providing mixed messages to

legislators, it is important that as many service providers as possible be in accord with family support and education program goals. This requires collaborative efforts with existing providers of service as well as education of the human service community. Family support and education programs work best in communities where they are able to collaborate with existing social and community institutions. They are more likely to receive support from the community residents and the business community if they have this support. The same holds in state legislatures. Existing interest groups and lobbying forces are part of the legislative community, with their own relationships to legislators and areas of recognized expertise. If advocates for family support and education programs do not reach out to these resources, they are much less likely to be effective with legislators.

The legislative process is complex, but so are all processes characterized by human interactions. It also is a process that will become increasingly important to the family support and education movement. Whether the legislature is the initiator of family support and education programs or responds to the executive department or private sector initiatives, the legislature can play a key role in furthering family support and education interests. Hopefully, these principles can assist advocates as they pursue financing for family support and education programs through state legislatures.

## LEGISLATIVE STRATEGY



*Kentucky Parent and Child Education Program*



FROM GRASS ROOTS PROGRAMS TO STATE POLICY:  
STRATEGIC PLANNING AND CHOICES FOR FAMILY SUPPORT  
AND EDUCATION INITIATIVES

Heather B. Weiss

## PREFACE

Family support and education policies and programs appear more and more frequently as a preferred solution to a wide range of contemporary social problems. In a growing number of states, governors, legislators, advocacy groups, public agencies, and citizen groups, have bought the logic of prevention and family-oriented early intervention. As a result, they have or are considering the initiation of family support and education programs. This new and escalating interest in state financing and provision of family-oriented prevention programs may mark a substantial change in the relationship between families and the state (Weiss, 1989). At a minimum, it indicates a new willingness to get involved in family issues and that politicians and policymakers, rather than avoiding family issues, are now actively pursuing them.

This paper will draw on the experience of some of the states that have been pioneers in this area in order to lay out some of the questions, issues and decisions which new states will face in planning their initiatives. In these states, a group of policy entrepreneurs saw the promise of these programs to achieve important goals in public education, social service, health or child welfare. They have had the less-than-straightforward job of determining how diverse program ideas and strategies previously operationalized in small grassroots community programs or in research and demonstration programs, could be "scaled up" to create a state-sponsored system of strong, effective and community-responsive programs. In the process, these early pioneers have had to avoid some significant dangers as they translated these program ideas into large public systems. These dangers included too rapid proliferation of poorly-developed programs that were: oversold, under-funded, poorly matched to population needs and characteristics, rigidly bureaucratic, and that lost community input and ownership as well as the capacity to implement creative ways of working with parents.

The policy entrepreneurs who began past state family support and education programs built the teams and coalitions necessary to get policymakers' attention and developed "the selling document and...road map" (Tableman, 1986) necessary to launch and guide their state's



initiative. While each state will have to develop its own plan, one uniquely situated to its policymakers, agency agendas, and its own needs and resources, the experiences of these pioneers hold generic lessons for yet a new group of pioneers. Based on our research about their experiences (Harvard Family Research Project, 1989; Weiss, 1989), we describe some of the issues and choices they faced and the ways they addressed them in order to help other states draw their own road map. If other states' experiences are any guide, these strategic plans will have to be continuously revised as new opportunities and problems arise.

It is important to note at the outset that states now developing family support and education programs face some different challenges because today's policy climate is unlike that in which these other states began their initiatives. The earlier initiatives began in a public policy climate of relatively little state-level interest in broadening the state's role in new types of partnerships with families. These early pioneers had to fan a small spark to light a tiny fire of interest in these programs within a single state agency. In several states, the initial spark has grown and there are stable and growing pilot programs (Maryland, Connecticut, and Kentucky) or fully legislated and institutionalized state programs (Minnesota and Missouri). Now, because of the widespread current interest in these programs, new pioneers have a different and especially difficult task -- to manage a much larger fire of interest within a state and to prevent a situation where several state agencies mount similar programs aimed at similar or overlapping populations, thereby further fragmenting an already under-coordinated and under-funded set of preventive services for families.

A brief scan of the larger policy environment shows that this is not a totally unimaginable situation. It is conceivable, given current federal legislation and different education, welfare, maternal and child health, and child welfare reform efforts, that similar or at least overlapping family support and education programs would be mounted by different state agencies and even by different divisions within the same agency, in order to strengthen families and promote child and adult development. Such programs would come through:

- Family literacy<sup>1</sup> (via federal family literacy efforts and Even Start legislation);
- Early childhood education and development<sup>2</sup> (via state departments of education and also enhanced federal and state child care efforts);
- Maternal and child health<sup>3</sup> (via efforts to prevent infant mortality and morbidity and enhance infant health and development);
- Special education services for early development<sup>4</sup> (via lead and partner agency efforts to implement Public Law 99-457, the federal special education legislation covering birth to three);
- Abuse and neglect prevention<sup>5</sup> (via diverse state trust fund resources and federal dollars);
- Prevention in child welfare services<sup>6</sup> (via efforts to promote prevention and establish a continuum of child and family services under child welfare auspices);
- Welfare reform<sup>7</sup> (via provisions for parent education for teen parents and for training and skill development in the Family Support Act of 1988 and via multiple on-going efforts to assist teen parents with parenting).

This new and diverse interest in adding new or adapting existing programs to provide family support and education services poses a major challenge to both existing and new state initiatives. Specifically, how, given the scarcity of resources for innovation, can states coordinate or even collaborate within and across agencies to avoid duplication and maximize the resources available for the provision of high quality services for children and families? Our research indicates that while most state family support and education initiatives have been developed by a single agency, there is a strong likelihood that in the future there may be several potentially competing initiatives within a state. Therefore, we raise questions about cooperation throughout and make suggestions about ways to foster coordination and collaboration at the state and/or local level.

#### GETTING FAMILY SUPPORT AND EDUCATION PROGRAMS ON THE STATE AGENDA

Many, if not all states, already sense that programs need to be developed that will strengthen families. This view has grown from commission reports, the Governor's State of the

State message, or other documents which argue for the importance of investing in programs that strengthen families as a way to approach a variety of states' current costly social problems. The tasks then are to crystallize this interest, formulate it into a policy or programmatic initiative, and build a constituency for its development.

It is important from the outset to recognize how family support and education initiatives are distinct from other public services and to make sure supporters understand the implications of this for the many subsequent decisions about program development and implementation. Specifically, family -- as opposed to child-oriented prevention programs -- are undergirded by a set of operating principles described in the previous chapter (see also Weiss & Halpern, 1988; and Weissbourd & Kagan, 1989) and by the emphasis they put on a community base and community partnership with the state in the provision of services for families. These principles differ from the ways many state and local agencies orient their services and do business with families. To implement programs in accord with these principles, state agencies may have to rethink how they work with families and with local programs, crafting new partnerships with them.

#### The Policy Entrepreneurs and the Process of Building Coalitions

Our research suggests that in states where family support and education programs have been inserted successfully onto the public agenda, key individuals whom we label "policy entrepreneurs" played a critical initial and continuing role. They see their role as developing new programs, not simply administering programs developed outside their jurisdiction. They have tried to turn the new federalism to advantage to create state programs in accord with their understanding of the state's needs and resources. The particular entrepreneurs differed across the states, but together they offer precedents for legislators, agency personnel, or members of the governors' staff playing the entrepreneurial role. These entrepreneurs believe firmly in the importance of family-oriented preventive interventions, and they have made a commitment to developing and staying within the initiatives over the long haul. As a result, each has taken a long-term view and planned accordingly. From the onset, these entrepreneurs

built teams comprised of people whom they judged were necessary to crystallize interest in these programs and to help form specific initiatives. These teams always included people from outside their own agency or institution.

In this process of crystallization, the entrepreneurs and the groups they formed to plan the initiatives often went through very basic discussions about the condition of children and families in the state, considered family needs and how existing services were or were not meeting them, and came to a consensus about the basic rationale for provision of family support and education services. These general discussions then gradually focused on more specific goals for the new initiative: Was the goal to create new programs, or to reform or extend existing services? Was the initiative to be used to promote linkages across services, or were the services to be more self-contained? Discussions then moved to an examination of how these goals fit into the state's legislative, executive, and child and family advocacy agenda, and then how they fit with the goals of a particular state agency or agencies.

These discussions usually led to agreement among the group that certain pressing problems are caused in part by problems with family functioning and therefore require family-oriented interventions to address them. In the past, such problem formulation led to a single agency mounting programs. In the future, new state initiatives should give thought to solutions requiring an integrated and comprehensive interagency approach to programming at the state but especially the local level.

#### The Environmental Scan

Once a commitment was made to develop some sort of programmatic initiative, these policy entrepreneurs typically conducted an informal environmental scan to determine where there was interest in such initiatives and where there was likely to be opposition. In the process, they addressed questions about what agencies or sub-units of agencies had the interest and capacity to either provide or collaborate in the provision of the family support and education initiative. In the past, decisions about a sponsoring agency have been academic insofar as the

policy entrepreneurs usually were intent on developing family support and education initiatives within their own agency or had a preferred one in mind. Now, however, when there may be multiple initiatives within a state, consideration of which agency or agencies have the need, interest, and capacity to develop or collaborate in the provision or funding of these programs is very important.

Those who developed these state initiatives constantly paid attention to understanding the views and positions of most or all of the various actors within the state who could affect the adoption and eventual implementation of the initiative. The environmental scan was typically broad and included inquiries about the likely views of members of the business community, different advocacy groups, service providers, legislators, the staff in one's own and other state agencies, and of the Governor and his or her own staff. Once potential supports and adversaries were identified, the entrepreneurial planning group typically worked through any specific obstacles posed by the potential opposition and then developed strategies for how, when, and who would handle both initial supporters and opponents.

Our research suggests the importance of obtaining top-level backing from the Governor, a commissioner, or key legislators as soon as possible in order to insure that the initiative receives the support and resources necessary to move toward program formulation. These states used a variety of strategies to develop broad support outside the planning group. These included members' participation on commissions and task forces and the formation of alliances with other groups working on the state's response to a particular social problem, such as teen pregnancy. These various strategies were pursued very successfully by the entrepreneurial team developing initial support for Maryland's Family Support Center Initiative (Hausman in Weiss and others, 1990).

#### Placing the Initiative on the Agenda and Anticipating Opposition

Typically, the planning team carefully and skillfully inserted the family support and education initiative into the prevailing policy agenda for the state and the potential



sponsoring agency, then looked for opportunities to move it as close to the top of the agenda as necessary to launch pilot programs. In several states, these entrepreneurial teams also were successful at getting family support and education programs on the agenda in such a way as to mollify potential adversaries and minimize the possibility that the initiative would set off intense competition for scarce resources. They also have been skilled at anticipating where opposition to the initiative was likely to come from, and then in sidestepping, co-opting, or diffusing it.

In Minnesota, for example, those generating support for the Early Childhood Family Education program recognized the potential of opposition from the child care provider community (Seppanen in Weiss and others, 1990). Therefore, they included child care representatives on the Advisory Board, informally kept in touch with providers, and crafted the core components of the program to exclude straight child care provision. This strategy resulted in a programmatic initiative that the child care community could support.

It is important to recognize that opposition can come from within the sponsoring state agency, also. For example, in some states, when family support and education programs surfaced as a child welfare prevention initiative, other parts of the agency saw it as a drain on already scarce resources for families in crisis. Each state is likely to have its own opponents within and outside sponsoring agencies. What the pioneers had in common was development of careful and evolving plans to deal with opponents throughout the planning process.

#### The Importance of the Rationale and the Language to Describe It

After the diverse planning group came together and worked through what the basic goals of a family support and education initiative were to be for families, the sponsoring agency and the state, the planning groups typically set about framing the specific initiative and describing them in such a way that a broad coalition could get behind them. This means, for example, presenting a rationale for the particulars of family support and education programs that attracts bipartisan political support (Weiss, 1990).

Our research suggests that the language used to describe the initiative is particularly important. Typically, the pioneering states described the programs and their rationale to stress the interdependence of family and community. In so doing, they framed the initiative in such a way that both the family and the government had responsibility for creating a nurturing environment for human development. They described how the programs would achieve the aims often expressed by conservatives: strengthening and promoting well-functioning, independent, and self-supporting families, which, in turn, produce children who will be independent and self-supporting adults. Similarly, in accord with a more liberal perspective, they described the initiative in terms of governmental responsibility to provide extra-familial and publicly funded support to promote effective family functioning and human development. The result in many states is that these programs get beyond previously acrimonious debates about family policy (for example, those that took place in the early 1980s at State White House Conferences on the Family) and then provided a middle ground where both conservatives and liberals could join together to support programs that strengthen families and communities. So, in formulating and planning an initiative, it is critical to determine the prevailing beliefs in the state about the role of government in family life and to describe family support and education initiatives in ways that can create the broadest possible support.

#### Persistence and Maintenance of Support

The process of getting the initiative on the agenda and attaining the support necessary to formulate a program typically has taken a considerable amount of time and requires the planning team to nurture and maintain relationships with a broad set of individuals and groups who could either support or oppose the initiative within the state. The entrepreneurs' substantial negotiating, problem solving and political skills were evident throughout the process. Their experiences mounting their initiatives make them valuable sources of assistance not only about their program models but also about strategies other states might try for getting initiatives on

the public agenda and through the policy process (Weiss, 1990; Weiss, H. and others, Harvard Family Research Project, 1988 and 1989).

#### Using Evidence Appropriately

Finally, in generating support for pilot programs, the planning groups also pulled together whatever evidence they could find that would demonstrate the effectiveness and potential public payoff of investment in the provision of family support and education programs. This has been difficult because relatively few programs have been able to conduct systematic and rigorous evaluations. Moreover, the existing evidence for the most part does not indicate whether effective single site demonstration programs can be replicated or adapted as part of a large state system with the same positive outcomes. In the process of selling the initiative by citing evidence about the effectiveness of these programs, it is important they not be oversold and that the limits of available evidence be noted. Further, those planning the initiative should be sure they do not make claims for the programs for which they do not want to be held accountable down the line. This should help avoid any tendency to over promise what these programs can realistically produce. (Weiss and Halpern, 1988, and Weiss and Halpern, this volume.)

#### PROGRAM FORMULATION

Once the group planning the initiative has a clear sense of what the family support and education initiative is to accomplish for sponsoring agencies, communities, and families, then it must address basic questions which define the contours of the programs. These include questions about who will deliver the services, who will receive them, what specific services will be provided, and where the services will be administered and delivered. These questions are highly interrelated. For example, decisions about who will receive the services are connected to questions about what kinds of program components are necessary to meet the needs of

the designated target group. For our purposes here, however, we will examine these questions separately and illustrate ways in which the pioneering states have addressed them.

#### Determining the Initial Scale of the Initiative

One of the first questions to consider is the initial scale of the state's initiative. In the past, all of the states initiating family support and education programs have begun small, with a few pilot programs. None started with a large-scale legislative or agency mandate. Rather, the program formulators chose to begin with a strategy of capacity building and of amassing the necessary resources and expertise to build a state system of programs slowly. Although broad interest in these programs may allow new states to start with a larger number of initial pilot programs in the family support and education area, the overall strategy of beginning with pilot programs has a lot to recommend it.

As Tableman (1986) has argued, based on her experience developing prevention programming within a state department of mental health, new programs can sometimes be perceived as a threat by the host agency. Therefore, beginning with a pilot demonstration program is "an extraordinarily effective way to feed innovation into a state system" (p. 339). In addition to being initially less threatening, pilot programs give those at the state level who will be forming the state program system an opportunity to build a strong set of programs that operate in accord with family support and education principles. This is no small task, as these programs represent a substantially new way of doing business with families, and often are a departure from the ways in which the state and/or its counterparts or agencies in the local community have previously provided services. Starting small allowed the usually small staff to concentrate their scarce resources and attention on getting a small number of programs up to speed. Starting small also supports building the broad constituency favoring these programs that appears to be necessary to institutionalize the initiative or provide programs on a broader basis. In most of the states we examined, the initial pilot programs were very well placed so that their versatility and implementability could be demonstrated in different parts of a state

and so that key legislators were likely to have a program in their district. From another perspective, beginning with a few pilots and gradually increasing their number allows the system of programs to get to a point where they can be evaluated and provide information as to their promise of being a wise public investment.

Starting small with pilots also means the new initiative probably will not have to incur the problems associated with commanding substantial financial resources from already existing programs. Most of the initiatives studied have begun in the first year with \$300,000 or less. This amount is probably small enough not to threaten other programs, while at the same time being sufficient to get a small set of pilot programs off the ground. However, it also is important not to start too small or to spread the initial resources too thinly across many programs. The danger is that there will not be sufficient resources to put together services that make any difference for families or warrant a local agency's efforts to apply for funds and endeavor to deliver new services.

#### Who Decides What: Working Through the State and Local Partnership

The areas and degree to which the state attempts to standardize the program or to allow flexibility and decisionmaking by the local pilot programs have a large impact upon how communities respond and perhaps on how effective the programs will be. In many of the states we examined, program formulators attempted to address basic questions about program design in such a way that everything was not specified from the top down, nor were all decisions made solely by the local programs. Rather, they tried to develop a hybrid decisionmaking relationship between the state and local programs that provided for joint input on program's design. Specifically, this entailed having the state specify basic goals and elements of the program while allowing considerable local flexibility and variation on some important dimensions. Determination of what elements of a program the state will specify and what will be left to local programs is thus critical in that it sets the tone for the state and local relationship. The elements and related questions include:



1. Specification of general program goals and components. Is the program designed primarily to promote child development, or adult development in conjunction with child development (through provision of literacy, GED, or job training services)? What are the minimum types and amounts of services that the local program should provide? How precisely are the program components specified (for example, what a good early childhood program consists of, or aspects of a parenting curriculum)?
2. Specification of where the program belongs administratively. If the initiative is based within the public schools, does it belong under K-12, community education, or early childhood, or is this choice best left to district discretion? If the initiative is sponsored by a state human services or public health department, will it be developed as a separate unit, put in an existing public or private local line agency, or be open to any local agency for a pilot program grant? Whatever the local auspices, will the state require that the local grantee coordinate or collaborate with other relevant agencies?
3. Specification of the population to be served. Is the program to be targeted to particular groups (e.g., at-risk infants and their parents), or open on a universal basis? What mechanisms will be provided to make sure the program is reaching the intended population?
4. Specification of whether, and how, the program is to work with other local programs for families, including pre-existing family support and education programs. Can the program subcontract with pre-existing programs to get parent support and education services? What arrangements should be made for information and referral with other agencies?
5. Specification of the characteristics and training of staff and of plans for certification and for provision of in-service training. Are parent educators available or certified for programs in the state? Does a new training and certification system need to be created? What state and local training should/will be available?
6. Specification of what it means to be a community-based program. Is there a need and if so, what are the criteria for participation in advisory groups? What groups should be represented, and what will their role be in relation to program governance?
7. What means and arrangements will there be to evaluate the program and insure accountability? Will this be a state responsibility? What evaluation strategies are appropriate to assist with local program development and/or development of a strong state program system, and to document their effectiveness?

While each state has responded differently to these questions, all recognized how critically important it is that local programs have flexibility and choice in many areas. A local program needs a sense of ownership or co-ownership of a new initiative. Some flexibility for the local community also enhances the chances of successful implementation because the local

program can be tailored to local needs and resources. Some particular areas where all states have allowed flexibility for local decisions include the following: how and where the services are delivered, development or adaptation of curriculum materials and program formats, opportunities to create relationships with other community agencies, and outreach strategies (see Weiss, H. and others, Harvard Family Research Project, 1988 and 1989).

#### Specification of a Model or of Core Services

Each of the states that we examined developed their own program "model." None attempted to replicate a model developed by another state, although several put together pre-existing models to make their own family support and education program. Kentucky, for example, in creating the PACE program, used the curriculum and approach developed by High Scope for its early childhood program component. Minnesota has specified that each local ECFE program have an early childhood component and has put together a resource guide for local programs to use in finding program models and curriculum to fit their goals and population.

This pattern may change in the future as more state models become available from which others can learn. Experience with local programs indicates, however, that even if states attempt to replicate a model developed elsewhere, they will find it necessary to adapt it to meet the needs of their particular population and circumstances. Further, the states with programs find that the models are still evolving and note this to potential replicators and adaptors. Therefore, it is probably wise for new states to get all the information they can about other states' activities and models but to recognize they will have to adapt them accordingly. Further, the energy that comes from creating something "new and special" may be important to getting the initiative going and sustained.

Over time, each of the states has specified a core set of services which local programs must provide in order to achieve the goals of the initiative, although they vary in how precisely these are defined. Maryland specifies core services, while Missouri expects local school districts to implement a particular curriculum. Through their training mechanisms, state

staff work with local programs to build and support their capacity to offer these services, and some states then monitor local programs to assure their quality.

#### Specification of Who Provides the Services at the State and Local Level

As noted, state initiatives to date have been developed by a single state agency, but there is considerable variation in who is eligible to be a local service provider. Education initiatives have typically flowed from the state department of education to the local school district. So, for example, Minnesota's Early Childhood Family Education Program, Missouri's Parents As Teachers Program, and Kentucky's Parent and Child Education Program each provide money from the state department of education to the local school district to provide and administer the services. The Oregon State Department of Education's Together for Children initiative is an exception, insofar as the state funds a variety of local non-education agencies. The initiatives in conjunction with human services in Connecticut (Parent Support and Education Centers) and Maryland (Family Support Centers) are set up so that the state department can fund a diverse set of local agencies including churches, housing projects, community-based organizations, and existing social service agencies.

Decisions about which local agencies are eligible to apply for pilot funds should take into account the capacity of different agencies, their community credibility, the likelihood the local agency can foster interagency collaboration, and whether the state initiative is to contribute to the reform of the state agencies' local representatives (for example, to make schools more responsive to families) or to add to the continuum of services available to families in the community. The fact that many communities have pre-existing programs that deliver family support and education services should also be taken into account. Consideration should be given to questions about whether they be given favorable treatment in the grant application process or whether local pilot programs be required to work with them. Thought should also be given to which sub-unit within a particular state or local agency has the visibility, capacity, belief, and commitment to develop the initiative. Finally, attention

should be paid to questions about where, within the state or local agency, there is the freedom to innovate and manage programs which require a different relationship with families and communities. What part of the agency will both protect the initiative and insulate it from the inevitable problems that occur? Should the initiative be a public-private partnership rather than solely an agency one?

#### Specification of Who Will Receive the Program

Our research suggests that the decision about whether to mount the initiative as a universal or targeted service usually is made at the state level, and that it is a difficult one involving complex trade-offs. Both Minnesota and Missouri planned their family support and education initiatives on a universal basis. In Missouri, these programs are open to anyone in local school districts with children birth through three; and in Minnesota, it is birth through six. Kentucky has targeted its pilot programs to the districts with the highest adult illiteracy and school dropout rates. In order to get family support and education programs on the state agenda, Maryland initially targeted its family support centers to teen parents, although one center now is open to all young parents in the area.

The states with universal eligibility argue that this minimizes any possible stigma that might be associated with targeted programs. Universal eligibility may be especially important for programs initiated by human service agencies where the chances of stigma for program participants may be greater than in the case of education initiatives. Minnesota and Missouri sources also indicated there are political reasons to support universal programs. Specifically, they suggested that broad political support was necessary to get legislation authorizing the programs on a statewide basis passed. They also noted that political support from middle-class voters was important for continued legislative support of the program and that in some cases there is a middle-class backlash against services targeted to particular groups.

Once universal programs are in place, evaluations of their outreach and effectiveness with high-risk families prompt questions about whether they can indeed reach and serve these groups.

This, then, raises questions about equity. In some places, it appears that without substantial outreach efforts and differentiated programming, it is only possible to attract and serve families that are easy to reach, posing the danger that such programs will become simply another benefit for the middle class. Connecticut and Oregon have attempted to deal with this by creating universal programs required to serve a certain percentage of at-risk populations.

Those developing programs targeted to certain at-risk groups cite the logic of allocating scarce resources to those most in need. They also stress the need to develop population-specific program models and to get sufficient resources at the outset for groups that are difficult to reach and serve. However, proponents of targeted services have to contend with an imprecise technology for determining who is genuinely at risk and with the problems that are sometimes solved by universal models. These are the possible stigmatizing effects of participation in the program and the possible political problems associated with the middle class or rural voter's lack of support for programs targeted to at-risk, usually poor, urban populations.

One resolution of the eligibility dilemma involves a combined strategy in which the state defines the overall initiative as a universal one but then provides more intensive or different services for certain groups. This strategy has the benefit of recognizing that no one program can reach and serve everyone and that programs for high risk families may require more resources. This strategy appears to be developing in both Minnesota and Missouri, where their universal programs are now being supplemented and differentiated in order to meet the needs of highly stressed families. In Minneapolis, for example, ECFE staff are providing the basic minimum services in neighborhoods around the city while at a same time joining with other community agencies, such as hospitals and social services, to provide more differentiated services to high-risk families. Similarly, in Missouri, the St. Louis PAT program has begun to provide more intensive services for teen mothers and others regarded to be at risk. In the combined approach, universal programs might be available with a sliding-fee scale.



If this combination is not feasible, those considering a targeted program should ask if there are ways to frame the initiative that will not preclude subsequent addition of other groups. Those considering a universal approach should ask if the program will have the capacity and resources to reach and effectively serve high risk families. The answers to either set of questions may lead, in turn, to consideration of joint, interagency planning and possibly to joint initiatives that maximize resources and avoid service duplication and fragmentation.

Specification of Whether and How the Program is to Coordinate or Collaborate with Other Local Programs

The states differ in whether and how much they specify that local programs must work with other agencies or services. Some encourage coordination through the specification of core services (for example, through required provision of information and referral services); others do so through legislative language or allocation of resources for coordination with other services. While there have been no state-level joint initiatives to date, there are a number of state programs that encourage closer coordination and collaborative co-programming arrangements with other agencies at the local community level.

The need for at least minimum coordination and the benefits of co-programming arrangements are evident from the experiences of several of the pioneering states in their efforts to serve high-risk families. The experiences of local ECFE (Minnesota) and PAT (Missouri) programs indicate that they are often first to identify a local family as being at risk. Interviews with their directors and school personnel suggest that by design, and often by default, the program functions as a screening mechanism during the period prior to public school entry. Few other agencies in the community have regular contact with children and families before the child enters the public school. Some programs, such as PAT, include screening as a regular part of the services; however, many other programs informally detect both child and family problems that call for additional assistance beyond what the program itself can provide. One of the chief ways programs address this problem is through information and referral for individual

participants. At the program level, our research shows that programs put considerable effort into the creation of formal and informal linkages and coordination with other community agencies. Nonetheless, many program directors report they still cannot meet the needs of many of the high-risk families they identify. The experiences of these two state programs make clear that most school systems cannot take on all of the responsibility for enhancing child development and strengthening families.

As a result, a number of these two states' local programs have developed joint initiatives with other community agencies and created broader partnerships that provide comprehensive, continuous, and intensive services for at-risk families. The experience of some local ECFE and PAT programs suggests that a family support and education program can make a unique contribution to an interagency service package because, unlike many other community programs, they are two-generational and designed to facilitate both the parent's and the child's development.

As an example of co-programming, both of Minnesota's Twin Cities currently are designing comprehensive programs for at-risk families in which the school-based ECFE program would be a partner with other community agencies. In St. Paul, for example, the Amherst Wilder Foundation has spearheaded a three-way partnership between the St. Paul Department of Public Health, the Department of Social Services, and the ECFE Program. Public health nurses assess the stresses and supports of families at birth and then provide an array of services in conjunction with the social service department and the ECFE program.

In Minneapolis, the ECFE program is a partner in a larger proposed plan to promote the school readiness of that city's children. That plan, titled Way to Grow (Kurz-Riemer, Larson, & Fluornoy, 1987) is designed to coordinate the activities of a variety of community agencies into a continuous, intensive array of services to meet the needs of at-risk children and families. The proposed partners in the plan include the ECFE program, public health nurses, and social services.

While these local examples illustrate how local communities are trying to build collaborations to serve high risk families, the state can also play an important role in this regard. There are a variety of ways in which the state can facilitate local cooperation. Our research suggests the following:

- Defining the core services of the model broadly, and thereby increasing the likelihood that several community agencies will have to collaborate to provide the services specified in the state's request for proposals (this has been done in the case of the family support centers in Maryland);
- Specifying the need to work with other agencies or to avoid duplication of services with other agencies in the community (this has been done in Minnesota's Early Childhood Family Education program legislation);
- Encouraging joint programming efforts (this has been done in some of the joint initiatives in Minnesota);
- Encouraging local programs to subcontract with other agencies with expertise in providing relevant services (this has been done in the Minnesota legislation);
- Encouraging a collaboration by giving a particular agency, for example, a child care center, resources for them to develop a family support and education component (this has been done in the case of Connecticut's Parent Support and Education Centers).

In sum, despite all the problems with turf, there may be ways that, in crafting their programs, states can promote local cooperation and even collaboration to create jointly owned programs.

#### Specification of Staff Background and Training and Building Staff Supply

The issue of the state's role in building the capacity to deliver new services in a state-sponsored system of programs should be considered early on in the pilot program stage. A large number of people trained -- or even experienced -- in working with parents and in facilitating adult development is not available in many communities. Staff often need substantial training in order to work with families in the new ways prescribed by these programs.

Early attention also is needed to determine certification requirements, pay scales, and opportunities for career growth to attract and keep high quality staff in these programs. We

have found that state-sponsored initiatives we studied made early efforts to regulate program quality and reduce staff turnover and/or burnout. Policies in these areas must also consider that family support and education programs need flexibility in hiring staff with the personal characteristics and skills that fit with the principles underlying family support and education programs. Not the least of these is the capacity to treat parent participants as partners, something which is difficult to assess by credentials alone.

Specifying the Community Base and Maintaining the Community Element  
in Community-Based Family Support and Education Programs

Another issue that should be considered from the outset is the question of how to maintain community co-ownership of the program. Several states have developed a process to do this. They solicit the views of a variety of community organizations and potential program participants from the outset. Active contact is then maintained throughout the process of defining the contours of the state initiative. Some states also have encouraged local organizations to stay in touch with their community by requiring that local grant applicants conduct a community needs assessment and map available resources as part of the application process. Finally, several states have required that local programs set up local advisory groups with broad representation from community agencies, community-based organizations, program participants, and others in the local community.

Early in the planning process, it is important for planners to decide what it means to develop a community-based program and to define what "community" means in this regard. Will money simply be given to local agencies? Will those agencies commit themselves to continuous needs assessment and involvement of community members in the planning and evolution of the local program? Will the state allow variation among programs so they can tailor their services to local needs? Will there be a community advisory board with decision making power?

### Specification of Mechanisms for Evaluation and Accountability

Family support and education programs are a relatively new type of human service. In order to legitimize them and develop the most effective programs for different types of families, it is important to build careful multi-stage evaluations into the pilot programs from the outset. In Chapter Four of this volume, a strategy for evaluating new state initiatives designed to provide basic information for different states is laid out in detail. It is sufficient to note here that if evaluation research is to be truly useful for program growth and development, the conception of evaluation needs to be broadened from simple outcome assessment to include documentation of program processes and implementation.

### PILOT PROGRAM IMPLEMENTATION AND GROWTH

After states have addressed the issues laid out above and specified the elements of the local pilot programs, they move into the stage of choosing their pilot sites and beginning program implementation. At this point, the state's role has evolved to one of capacity building, technical assistance, monitoring to insure accountability, and development of multi-stage evaluation plans. The need for leadership and constant attention to building a constituency for the program at the state and local level continues, but state staff time and energy usually shift to building strong local programs and determining how to deploy scarce state resources for technical assistance and support in the most efficient ways possible.

Our research suggests that capacity building efforts should provide:

- A method for providing local programs with sustained technical assistance on program planning and implementation issues.
- A system for providing on-going training -- pre-service and in-service -- for local administrators and service providers in order to build skills and knowledge and to foster a strong ideological commitment to family support and education.
- The development of a partnership relationship between state and local programs. These are helpful in building a two-way communication channel and to obtain input from local service providers about such areas as the creation of state program



guidelines; and the development and dissemination of information about curriculum, outreach, and coordinating services with other agencies.

- Support for development of a peer network of local providers through the use of newsletters, promotional materials, network meetings and the establishment of a "professional" association.
- Attention to on-going state and local level networking and constituency building to maintain support for the initiative within the legislature and across agency lines.
- Methods and strategies to help local programs deal with some of the inevitable problems of inserting themselves into their local sponsoring agency, whether a school, community-based organization, or some other entity.

In this process of capacity building, several states also have confronted longer-term issues of labor quality and supply. Some are now working with colleges and universities and other training providers, such as Head Start, for training and certification. Some states, such as Missouri, have set up their own training institute. State staff also have confronted the issue of developing more specific requirements to be met by the staff of local programs. In crafting positions on staff composition, training and certification, these states have tried to balance their evolving sense of what skills, expertise, and state standardization are needed to ensure quality programs with the realities of limited local labor supply, sometimes non-competitive pay scales and the desire to allow local flexibility on staff selection.

#### Modeling Partnerships

State staff have tried to build peer support and to model partnership and empowering relationships that they hope programs will establish with families. Modeling these collaborative, non-bureaucratic relationships and building local capacity are extraordinarily demanding jobs and require talented and committed state staff who understand the principles underlying family support and education programs and can operate in accord with them in their relationships with local programs.

### Monitoring and Assuring Accountability

Formally or informally, the pioneering states also have dealt with the state's responsibility to define quality standards for local programs and make sure they are attained. In a number of states, this has involved state development of a management information system which allows the state to track who and how many participants the programs serve and how staff use resources. Some states, such as Minnesota and Missouri, have also developed formal quality standards in conjunction with local programs. These standards are then used by the state, as well as by local programs themselves, for assessment purposes. Some of the states have structured their procedures so that pilot programs can be de-funded; others have to work hard to convince those not up to minimum standards to improve. Particularly in the pilot stage, it is important to define quality standards and core services so that when a local pilot program is not meeting them, it is possible to remedy the situation through de-funding or other means. It is also important to anticipate when the program is no longer in the pilot stage and to develop quality control mechanisms appropriate for that point.

Our research shows there can sometimes be tension between state efforts to maintain quality control and local efforts to provide community-responsive and flexible programming in order to meet the needs of diverse families. Careful consideration should be given to how a state can monitor and maintain quality without overly homogenizing the local programs. One of the principal strengths of the family support movement has been the recognition that, just as there is no one type of American family, there can be no one type of universally effective program. Promoting quality while maintaining diversity, then, is one of the primary challenges of these new state initiatives.

Finally, several of the pioneering states have developed studies which provide feedback about the difficulties of local program implementation. They then typically devise ways of providing technical assistance to local programs to help them remedy the difficulties. In sum,

the pioneering states have crafted a carrot-and-sometimes-a-stick approach to ensuring accountability and local program quality.

#### Maintaining the Visibility and Momentum of the Initiative

In our on-going research on the state initiatives, it is very clear that from day one, both local and state program directors regularly have to build constituency and keep key decision makers apprised of the program's progress. Each year, program directors appear at legislative hearings and provide materials and witnesses who attest to the successful development of the programs. Each is aware that informed and supportive policymakers are as important as evidence about successful implementation of the program or its effectiveness.

State program staff also have had to be continuously alert to competing claims for resources. Now that their programs have developed a fragile toe-hold within state agencies, they are beginning to confront some backlash. The more mature state efforts, especially, have begun to compete for dollars that other agency staff would like to see allocated elsewhere. In the case of the education agencies, there are questions about whether to allocate money, for example, to school-based programs for at-risk four and five year olds rather than to these family-oriented interventions. In the social service agencies, there is some tension about allocating money for prevention when resources for crisis intervention and treatment are regarded as seriously insufficient. Our research suggests that there may never be a point when the state staff can relax and assume the program will be there next year with the same or a higher level of resources.

Moreover, now that these programs have grown and acquired visibility at both the state and local levels, other parts of their sponsoring agency or, in some cases, outside agencies, have begun to initiate struggles for control of the initiatives. For example, in some cases, the K-12 part of the education system wants to control a program under early childhood auspices. Or, a local social service agency wants to control services and resources now under the auspices of alternative community organizations. If, as their planners hope, these programs eventually get

more funding and begin to realign agency budgets so that more resources are available for preventive programs, more opposition to their expansion and struggles to take over the initiatives are likely.

### The Mixed Blessings of Growth

Success and visibility also bring other challenges. A number of the pioneering initiatives experienced relatively slow growth in the pilot stage which has been mostly considered beneficial. Now, a number of state initiatives are being pressed to expand, sometimes very quickly. This situation can put state program directors in a dilemma because they would like to take advantage of the momentum to get increased resources, but they recognize that rapid expansion raises important questions about how to manage program growth. Embedded in this larger question are a set of specific and difficult questions about how quickly a program can expand and still maintain quality; how to recruit and train staff to meet the needs of many new programs; how to choose among competing agencies and make sure there are appropriate homes for the programs; and how to build the necessary state infrastructure to monitor and support many local programs.

Some of the older initiatives, most notably Minnesota and Missouri, have gone through a "famine-to-feast-to famine" cycle of development and confronted the demonstration-dilution dilemma. Specifically, both of these state initiatives began with a few pilot programs and then had to set up programs at many sites in a very short time when state legislation was passed establishing them on a widespread basis. But the third stage of the cycle, the feast-to-famine part, occurs when the funding does not increase proportionately as additional responsibilities or substantially more participants are added to the program.

As new states consider the development of these programs, it is important to keep these cycles in mind and to raise two fundamental questions about the necessary level of resources for these programs: What are the minimum kinds and amounts of services necessary for a program to have an impact within the community and how can this level of services be maintained as the

program grows? And, secondly, what is the minimum amount of funding necessary per local program? Other longer term issues with financial implications include the following: the need to train a cadre of people able to serve both children and parents in an uncharted "discipline," the need to offer competitive wages in order to attract and retain competent staff, and the need to determine what program resources are necessary to effectively reach and serve high-risk families with multiple stresses.

#### **ISSUES FOR POLICYMAKERS IN THE FORMULATION AND IMPLEMENTATION OF FAMILY SUPPORT AND EDUCATION INITIATIVES**

What constitutes a family support and education program has, and should be, broadly defined. Efforts to strengthen families are not the province of any one professional group or state agency. However, because this broad definition sometimes means that family support and education programs are seen as all things to all people, there is a danger they will be nothing for anyone. Superficial and sparsely funded programs might result from the current interest in these programs. This has already begun to happen. For example, some school districts offer three lectures a year on parenting education as their family support and education effort. This may be good public relations, but is it not likely to have any other effects.

To avoid such very superficial efforts, there are several important considerations to keep in mind, particularly for high-risk families:

- It is critical that in formulating these programs, they be understood and advocated within the context of a state's overall services and policies for families. It should be recognized that these programs are not a substitute for other necessary family services -- such as adequate health care, housing, food, child care and income. In fact, the effectiveness of these programs is at least partly dependent upon the basic needs of participating families being met.

At the state and community level, this in turn means that analysts must examine how and where these programs fit within a broader continuum of preventive and rehabilitative services for children and families. These programs are now emerging as a distinct set of services and helping strategies which may be either free-standing or used to enrich diverse existing child and family-serving programs. Those putting together the coalitions necessary to develop these programs face a particularly difficult challenge: they must argue for a share of



scarce state resources and differentiate themselves from existing services, at the same time they advocate for other necessary services and attempt to coordinate service delivery with them.

- It is also important to recognize that adequate resources, both financial and in terms of skills and services, are necessary to reach and serve high-risk families. This point is evident from the experience of hundreds of programs trying to serve these populations around the country and also from accumulating evaluation evidence (Halpern & Weiss, 1989). From the outset, the resource question must be given high priority and program arrangements must provide for program models which are comprehensive, intensive, and continuous enough to meet the needs of this population.
- As programs move from senior pilot status to institutionalization through legislation establishing them on a broader and sometimes statewide basis, there is some danger there will be a dilution of resources which may curtail a program's capacity to reach and serve high-risk families. Missouri's Parents As Teachers program, for example, provided more home visits in the pilot stage than is now covered in state legislation. Recognizing that more home visits and other services are essential to reach and serve high-risk families, Parents As Teachers programs around the state are putting together other resources, for example from desegregation funds in St. Louis and Kansas City, in order to supplement the money the legislature has allocated. This strategy allows them to provide more intensive services for high-risk families. It is important to consider seriously the demonstration dilution dilemma -- and it is a dilemma insofar as successful programs need to be expanded despite the risk of resource restraints -- and to anticipate ways to minimize its impact. One way obviously involves trying to promote program expansion and institutionalization while at the same time linking different funding streams together to accumulate sufficient resources.
- It is clear from all of the research that state interagency collaboration is very difficult to achieve. Short of that, however, our research suggests there are ways that a single state agency initiative can be designed to facilitate collaboration at the local level. Moreover, as family support and education programs get established and stabilized under the auspices of a single agency, it may be possible for other state agencies to allocate some of their resources to the agency's program, if the donor agency's goals can be met through the program. For example, in Maryland, other state agencies, including the State Department of Education, are allocating resources to the Family Support Centers because the model includes a variety of educational services. Similarly, funds from another state agency's employment and training funds are being allocated to the Family Support Centers because they have demonstrated they are able to reach at-risk youths and provide them with such services. When a single state agency defines the core components in local family support and education programs broadly, it may achieve several ends. These include a better chance to meet the needs of high-risk families, the possibility of attaining collaborative funding and the possibility of attaining collaboration among agencies at the local level.

### Sensitive Issues of Intrusion Into Family Life

The current broadening interest and provision of state-sponsored programs also brings with it a set of extremely sensitive and complex questions about public intrusion in family life. In the past, Americans have been reluctant to intervene in families except under very serious circumstances, such as when it is necessary to remove a child from a home. In the 20th century, particularly during the progressive era and most recently during the War on Poverty, it has been acceptable to intervene in family life through programs in settlement houses, Head Start, and a number of other more family-oriented early interventions developed during these periods. However, a family's participation in such programs always has been voluntary. Now, there are some instances where family support and education programs are becoming mandatory.

The most recent example of this was described in an article in the Boston Globe (March 1989) describing the situation of a mother of young children who was a resident of a state-supported homeless shelter. She was evicted from the center because she refused to participate in classes in child-rearing, nutrition and birth control. The shelter's program director is quoted as saying: "The contract they signed with the Department of Public Welfare is that they participate in these programs. It's not a negotiable point." Instances such as this raise difficult questions: Is the effectiveness of family support and education programs dependent on voluntary participation? Should participation be mandatory for some groups, for example, teenage mothers on welfare who are participating in programs through welfare reform? Is there sufficient evidence about the effectiveness of these programs to warrant mandatory participation? Or, as homeless advocates for this mother noted, are such programs unnecessarily coercive and forcing lifestyle changes on people solely because they are poor? These are exceedingly difficult to answer, but it is clear they now need to be addressed as states formulate their policies and consider appropriate state and local goals for family support and education programs.

### Difficulties Implementing Programs In Accord with Family Support and Education Principles

It is important that new state initiatives plan for the difficulties of implementing these programs through large public systems, yet stick to the principles of grassroots family support and education programs. It is not impossible, but difficult, and requires that state capacity building efforts recognize this problem. More and more program directors and evaluators are writing about the difficult issues involved in actually delivering family support and education programs in accord with these principles. Their work should be very helpful in developing state initiatives and in staff training.

This literature indicates the challenges involved in implementing non-deficit programs that emphasize family strengths with extremely high-risk families; in balancing the sometimes competing needs of parents and children in high-risk families; in attaining the levels and types of resources necessary to serve different population groups effectively; and in ascertaining when the services of very highly-trained professionals are necessary (see Weiss and Halpern, 1988). The practical demands of day-to-day work with parents, particularly those severely disadvantaged, are summarized especially well by two practitioners who created an intensive family support and education program, the Yale Child Welfare Research Project, during the War on Poverty. They note that the central challenge for those working with parents is to "distinguish in one's work...between outreach and intrusiveness; between guiding parents and lecturing them; between providing them with the tangible supports they appear to need and enabling them to get these for themselves; between imposing, even in a benevolent fashion, one's own goals for them and helping them to define and consider their goals for themselves" (Provence and Naylor, 1983, p. 161). The difficulties and length of time it takes to achieve a system of state-sponsored local programs that attain such a balance should not be underestimated.

As new states consider the development of family support and education programs and policies, they should not minimize either the challenge or the promise of moving family support and education programs from the grassroots to widespread state sponsorship. The experiences of

the earlier pioneers suggest it is important to aim high, go slow, don't over-promise, and to recognize it will take knowledge from many people about many things -- from human development to how state bureaucracies work and change -- for family support and education programs to realize their potential as part of new policies to support families.

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## EVALUATION



*The Missouri Parents As Teachers Program*



**FAMILY SUPPORT AND EDUCATION PROGRAMS:  
EVIDENCE FROM EVALUATED PROGRAM EXPERIENCE**

**Robert Halpern  
Heather B. Weiss**

## PREFACE

The field of family support and education is moving into a new era. It has begun to draw the attention of political and business leaders as well as human service providers struggling to find strategies for addressing worsening social problems with fewer resources. What are appropriate expectations for family support and education? In this chapter on evaluation, we examine existing evidence from evaluated program experience, and draw inferences for those considering and developing state family support and education initiatives.\*

In reading this chapter, the reader should keep in mind two principal qualifications. First, all the studies reviewed here focused on programs serving low-income families. The findings of this group of studies do not necessarily generalize to programs serving middle and upper income families. Second, the program strategies in the studies reviewed tend to reflect more clearly where the field has been than where it is going. The pieces of today's programs are there, but they are configured and conceptualized in slightly different ways. Nonetheless, the evidence to be presented here sheds light on a number of key issues in the field, issues as important to those developing systems of programs as to those developing single programs.

Despite numerous recent efforts at defining family support programs, there is only moderate agreement on the purposes and helping strategies that characterize them. A lack of consensus on definition is due in part to ideological and theoretical differences among those working in this field. It is due also to variability in actual practice, flowing not only from differences in conceptualization but also differences in the characteristics of families served, program auspices, disciplinary background and social characteristics of service providers, amount of funding and mandates from funders. Yet, there is also a recognizable core to the field, consisting of a certain approach to helping described by numerous observers and participants.

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\*Portions of this paper are drawn from a chapter by R. Halpern entitled "Parent Support and Education Programs: What Role in the Continuum of Child and Family Services?" in I. Schwartz (Ed.) Family and Home-Based Services. Lincoln: University of Nebraska Press, in press.

Two examples serve to illustrate both the heterogeneity and the shared elements of family support and education. The Yale Child Welfare Research Project provided, through a highly skilled interdisciplinary team (clinical social worker, nurse, pediatrician, day care worker, psychologist), an individually tailored mix of supportive services for infants from birth to 30 months to 18 low-income families in New Haven. The program included twice monthly home visits by the social workers, primary health care, from 2 to 28 months of high quality day care (average: 13 months), and developmental exams. Activities other than home visiting took place at a remodeled house located in the neighborhood in which participating families lived.

The second project is the Maternal and Infant Health Outreach Worker (MIHOW) program, part of the Ford Foundation's Child Survival/Fair Start Initiative. In the MIHOW program, implemented in Appalachia and the mid-south, specially trained and supervised community women made monthly home visits from mid-pregnancy to age two to low-income families in five geographically and socially isolated rural communities. The average family that completed the program received five prenatal and 17 postnatal home visits.

The two interventions obviously were different in the amount and kinds of intervention each family received, the involvement of professionals (and conversely of the community), and the resources each could bring to bear. Even the common element of home visiting in the two programs differed substantially. The Yale Child Welfare home visitors were experienced psychiatric social workers with years of problem-centered, psychodynamically-oriented clinical experience. Because there were other team members focusing on the needs of the children, they could be "the parent's person." Their highly individualized work with families had a strong mental health orientation, based on the idea that "better parenting may be possible mainly as an indirect result of helping the [parent reduce her] own psychological neediness and stress."

The MIHOW "natural helpers" were residents of the isolated low-income communities they served; many had limited formal education and a number began as MIHOW clients. Their work with families, while also responsive and individualized, was guided by a common health and parenting



curriculum that focused primarily on the parents' role in meeting children's developmental needs, and secondarily on the parents' own support needs. The use of a curriculum was based on the rationale that community women with no prior formal helping experience would work more effectively with some external resources (methods, information, activities) to draw upon. In contrast to a mental health model, MIHOW was better characterized as an "information and resources" model. The use of community women in the MIHOW project was in part driven by necessity; unlike the New Haven setting, there were few formal human services in the communities involved. But it was also the result of the program initiator's commitment to self-help and mutual support among community women as paths to community development.

In spite of the numerous differences between the two programs, there were similarities as well, and these point to what seems to bind this heterogeneous genre. Both met people "where they lived," not only physically but psychologically and socially as well. Both provided emotional support, encouragement, and assistance in the framework of families' own efforts to master parenting and other developmental tasks, and to cope with various reality problems associated with poverty. In both programs, the home visitors tried to act as sympathetic listeners, responding to the needs each family expressed. In both, the home visiting represented not just a physical reaching out to families but an expression of caring and commitment to the family, extended over a long period of time.

Family support programs, then, are those in which specially trained community members, or less commonly professionals, provide sustained support to families during pregnancy, infancy, and/or early childhood. Because families vary in support needs and family workers vary in social background, child development knowledge, theoretical orientation and helping skills, the support provided takes many forms. The immediate objectives of the multi-faceted support provided in family support programs are to promote attentive and nurturant parenting, parents' psychological well-being and personal development. The ultimate objective is to promote healthy child development, or in child welfare-oriented terms, to prevent development harm. In some

cases, parent support and education programs also are conceptualized as a community development strategy, designed to identify and activate latent helping resources in a community; foster enduring helping relationships among community members; provide community members with a voice for communicating to dominant institutions their own assessment of what their lives are like; and, less commonly, stimulate collective action to address community problems.

### **EVIDENCE OF THE EFFECTIVENESS OF FAMILY SUPPORT PROGRAMS**

We used four primary criteria in selecting studies for review: target children had to be at risk of compromised well-being and development primarily because of environmental rather than biological factors (although the latter could be present); direct services had to be primarily parent-focused or, at a minimum, equally parent- and child-focused; the study had to have a reasonably strong design; and parent outcomes had to be examined. Before discussing these studies, we will comment briefly on the first two criteria because they affect the character of the evidence. Many reviews have mixed studies involving services for parents of handicapped infants together with studies involving low-income families.

Studies of the handicapped are excluded from consideration here largely because sources and nature of risk to compromised child development are substantially different for them. Programs for parents of handicapped infants generally do not focus on poverty-related obstacles to attentive parenting but, rather, employ trained specialists to impart specific skills to parents to meet their children's special developmental needs. Studies of such programs show a more consistent pattern of short-term effects on selected parental behaviors than have studies involving low-income families, in part because investigators measured behaviors that parents were being trained to employ with their children.

We also have chosen to exclude programs providing primarily direct services to children, supplemented by parent support services. This was done because it is often not possible to determine if the outcomes are due to services to the children and/or the parent supports. Among

the studies affected are two well-designed experimental studies. The first is the Perry Preschool Study, which provided a daily preschool education program to three- and four-year old children, supplemented by weekly home visits. The second is the Early Training Project, in which three to four-year old children attended three summers of daily center-based preschool, complemented during the two intervening nine-month periods by weekly home visits in which the home visitor worked directly with the child as well as with the mother. None of the results articulated by the Perry researchers included parent change as a mediator of child change, and they have argued that "parent involvement may not be absolutely essential" to change in children. Gray and colleagues go even further, concluding that: "We have not found in these analyses any evidence that strongly supports the belief that parental mediation is a crucial variable in determining the performance of children who have participated in early intervention programs similar to ours." Because the Perry study found long-term favorable effects on the rate and seriousness of juvenile delinquency and the Perry and Early Training studies found similar positive effects on special education placement, grade retention, and high school completion, our exclusion of these three studies also weakens the case of the effectiveness family support programs.

#### Description of the Studies

Table 1 illustrates the diversity of helping strategies in family support programs. Fourteen of the studies provided home visiting exclusively, four a mixture of home- and center-based services, and two exclusively center-based services. Nine employed professionals as family workers, eight employed para-professionals (typically community women), and three employed a mixture of both. Intervention duration ranged from 4 to 60 months (average: between one and two years); frequency of contact ranged from four days a week to once a month (average: about twice monthly).

**Table 1**  
**Summary of Parent Support and Education Evaluation Studies**

| <i>Name/Reference</i>                                                                                  | <i>Sample/Design</i>                                                                                                                                                                                                                                                                                | <i>Intervention</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <i>Treatment</i>                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Florida Parent Education: Gordon, 1969; Gordon and Guinogh, 1976</i>                                | 276 low-income, southern rural black families, randomly assigned to treatment (T) or control (C) conditions in 3 cohorts, each cohort varying in child age at entry (3 months, 12 months, 24 months).<br><br><i>Attrition:</i> 30%, not reported by treatment condition.                            | Weekly home visits by specially trained community women, each with case load of 10 families; 3 different ages of entry and 2 different program lengths for each yielded 6 treatment lengths from 1 to 3 years; the home visiting worked from Piagetian orientation, bringing activities and games into home for mother to do with her child; strong emphasis on play, when children reach 2 years of age they met in small groups in backyards of different T group families. | T children higher IQ's than Cs immediately post-treatment; at ages 4-6 children in 2-3 year treatment groups higher on various achievement measures; no reported parent effects; no residual long-term effects on parents or children.                                                                                                                                                                                              |
| <i>Ypsilanti-Carnegie Infant Education: Lambie, Bond and Weikart, 1974; Epstein and Weikart, 1979.</i> | 88 low-income families with infants 3-11 months, 58 white, 30 black, randomly assigned to professional home visit group, para-professional visit group, or control, para-professional group later dropped because it did not get organized.<br><br><i>Attrition:</i> 20%, disproportionately white. | Professional home visitors provided an average of about 4 weekly visits of 60-90 minutes over 16 months; goal of the visits was to help mothers understand that they were primary teachers of their infants; mothers encouraged to try out different teaching strategies, think up means of supporting infants' development, make sense of infants' behavior; visitors encouraged to be sensitive to parental preferences in joint work together.                             | T mothers had more positive, facilitative pattern of verbal interaction than Cs immediately post-treatment; they expanded more, asked more questions, used less negative language; no short-term effects on maternal perceptions of, expectation for children, or on child IQ.<br><br>Follow-up at child ages 6, 7, 7½ years found no residual treatment effects on mother-child interaction patterns or child academic progress.   |
| <i>Mother-Child Home Program: Madden, O'Hara and Levenstein, 1981</i>                                  | 166 low-income families, 88% black, majority on welfare, randomly assigned to T (N=86) or C (N=80) groups in 4 waves<br><br><i>Attrition:</i> 23% Ts; 27% Cs.                                                                                                                                       | Twice weekly, ½ hour home visits by volunteers, college graduate level home visitors; 2 years of visits, the first year families received 40-43 visits, the second from 16-39 depending on cohort; home visitors acted as "toy demonstrators"; first visit each week using toys and books to model verbal interaction with the child, the second visit to review, and encourage mother to practice.                                                                           | (For 1972, 75, 76 cohorts) T mothers more positive interactions with children in cognitive domain (provides labels, uses color name, verbalizes numbers and shapes) but not in affective (e.g., verbalizing praise, non-verbal expression of warmth).<br><br>Follow-up in the first grade, no effects on teacher rating of children's problem behavior, adjustment; some residual maternal behavior effects for 1976 cohort only.   |
| <i>Syracuse Family Development Research Project: Lally, Mangione, &amp; Honing, 1988</i>               | 108 low-income families, 85% single parents, mean maternal age 18, majority of families black, constituted T group; matched pairs C group (N=108) constructed when T children were 36 months<br><br><i>Attrition:</i> 17% Ts, 30% Cs.                                                               | Five year intervention, beginning after birth: daily developmental program for children from 6 months to 5 years (half-day up to 15 months, full day thereafter); weekly home visits from enrollment to 5 years: modelled interaction with the children, demonstrated parent-child games, supported parents' efforts at personal development; linked to needed social services; center-based parent meetings.                                                                 | At 5 years of age no differences between T and C children on cognitive ability; in first grade T children more positive social interaction w/other children, but more negative toward teachers. In follow-up at age 14 researchers found 65 of 82 T children completing program, and 54 of 74 Cs; T girls had better school attendance, grades; T boys had fewer, and less serious types of, juvenile offenses.                     |
| <i>Birmingham Parent-Child Development Center: Andrews et al, 1982</i>                                 | 251 low-income, black families, average maternal age 22 years, education 11 years; randomly assigned to treatment or control conditions.<br><br><i>Attrition:</i> 57% Ts, 27% Cs; not random; Ts lost women returning to work, also lowest IQ mothers.                                              | Duration: infant age 3 months to 36 months; 1st year mothers spend 3 half days weekly in parenting/child development classes, and participate with infants in nursery, where more experienced peers serve as models; 2nd year mothers are "understudies," 3rd year they become peer models themselves; broad view of child development, attention to family strengths, also transportation, health and social services as needed.                                             | On non-social stress situation: T mothers comforted children more at 24 months, refrained more from verbal control at 24 and 36 months; in teaching situation: T mothers better at 24 and 36 month) on quality of instruction, praise; exit interview: T mothers greater reported life-satisfaction, use of community resources; T children 8 points higher on Bayley at 24 months, 8 points higher on Stanford-Binet at 36 months. |

\*Reported as significant by investigators.



| <i>Name/Reference</i>                                                                              | <i>Sample/Design</i>                                                                                                                                                                                                                                                                                   | <i>Intervention</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <i>Treatment</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Houston Parent Child Development Center: Andrews et al. 1982</i>                                | 216 low-income, Mexican-American families, average maternal age 28 years, education 7.5 years; randomly assigned to attrition statement treatment or control conditions.<br><br><i>Attrition:</i> 50% Ts, 51% Cs main reason both groups: high mobility.                                               | Duration: infant age 12 months to 36 months; 1st year 30 weekly home visits by trained lay visitors; 2nd year mothers attend 3 hour sessions at center, 4 days a week; children simultaneously receive developmental program; weekend family workshops, evening meetings for family; broad view of child development, attention to family strengths, also transportation, health and social services as needed; specific activities to engage fathers.                                                       | On teaching situation: T mothers talked and elaborated more to children, used less criticism at 36 months; on HOME: Ts higher at 36 months especially on provision of play materials, emotional responsiveness; T children 8 points higher on Bayley at 24 months, points higher on S-B at 36 months.                                                                                                                                                                                                                     |
| <i>New Orleans Parent-Child Development Center: Andrews et al. 1982</i>                            | 126 low-income black families, average maternal age 24, education 11 years, randomly assigned to treatment or control conditions.                                                                                                                                                                      | Duration: infant age 2 months to 36 months; two classes, 3 hours each per week, for full 3 years, one on child development, other community resources; also strong health education component, broad view of child development attention to family strengths also transportation, health and social services as needed.                                                                                                                                                                                      | On waiting room situation: T mothers more sensitive, accepting, cooperative at 24 to 36 months. T children 6 points higher on S-B at 36 months; cohort 2 alone, 10 points higher.                                                                                                                                                                                                                                                                                                                                         |
| <i>Child and Family Resource Programs: Travers, Nauta &amp; Irwin, 1982</i>                        | 82 low-income families from each of 5 different local programs, randomly assigned to T or C conditions; total N=199 T families; 210 C families sample 39% white, 47% black, 4% Hispanic, 10% other; 70% single parents, 50% completed high school.<br><br><i>Attrition:</i> 45% Ts, 35% Cs.            | Lay home visiting programs for families with infants from birth to 3 years of age; 11 local programs around the country; each program was designed to link into formal social services, through Head Start or other agencies; frequency of home visits from monthly to bi-monthly; focus of visits varied across programs, but reportedly was mostly on service brokerage, general family problems, parents' personal support needs; very uneven attention to parent-child interaction, children's needs.    | No program effects child health or development; marginally significant effects on parent-as-teacher measure; no effects on parents ability to recognize family needs and find resources to meet them; T mothers greater feelings of efficacy, of ability to control events than Cs; T mothers increase in employment/training 37% from baseline vs. C mothers 28%.                                                                                                                                                        |
| <i>Yale Child Welfare Research: Province &amp; Naylor, 1983 Seitz, Rosenbaum &amp; Apfel, 1985</i> | Treatment group consisted of 18 low-income families, 12 black, 2 Puerto Rican, 2 white, 2 "mixed"; 50% single parents; matched control group, from same pool of mothers in clinic records from which Ts were drawn, constructed when T children were 30 months.<br><br><i>Attrition:</i> not a factor. | Duration: birth to 30 months; regular pediatric care at project "Children's House;" developmental exams at 2, 3, 6, 9, 12, 18, 24, 30 months by physicians and psychologists; an average of 13 months of day care for each child, with 3 to 1 staff-child ratio; bi-weekly home visits throughout by clinical social workers, focused on parents' own needs for support, encouragement, nurturance; focus on family functioning as well as parent-child relationship; strong mental health focus throughout. | Immediately post-treatment, T children better language development than controls.<br><br>In a 10 year follow-up T boys had less need for remedial services than C boys; T children better school attendance than Cs; T mothers reported more pleasurable, involved relationships with children; more involved in children's school life; 13/15 T families vs. 8/15 families self-supporting (apparent result of mediating factors; T mothers more likely to delay subsequent childbearing and seek additional education). |
| <i>Parent-Infant Interaction Project: Bromwich, 1978; Bromwich &amp; Parmelee, 1981</i>            | Treatment group drawn from a population of families with preterm infants considered "high risk" at 9 months; matched controls drawn from same population; 30 T families, 33 C families; 2/3 sample low SES; 1/2 white, 1/3 Hispanic, remainder black.<br><br><i>Attrition:</i> not a factor.           | 15 months of bi-weekly home visits, from child age 9 months to 24 months; home visits by nurses built around structured clinical assessments of nature of and primary issues in parent-infant relationship; focus on affective dimensions; attempt to identify and build on parents' and infants' strengths, at same time encourage greater parental self-awareness of what was happening in interactions.                                                                                                   | No effects child cognitive development. T mothers more attentive to their infants than Cs; more reciprocal, positive interactions than C; more child time spent on intellectual activities; intervention more effective with families with discrete obstacles to an enjoyable parent infant relationship, less helpful for those with multiple, overwhelming problems, and in which infant was low priority; (with T group, 11 cases rated successful, 14 mixed success-failure, 5 largely unsuccessful).                 |



# Name/Reference

# Sample/Design

# Intervention

# Treatment

*Hospital and Home Support During Infancy*, Siegal, Bauman, Schaefer, Saunders, Ingram, 1980

321 low-income women, mostly black, receiving prenatal care in public clinic of community hospital, semi-rural setting; 202 of these women with a normal delivery randomly assigned to 1 of 3 treatment conditions or control; T1: early and extended hospital contact only, T2: home visits only, T3: both treatment; 119 families with infants needing 24 hours observation in hospital assigned to extended contact and home visits, or control.

Early and extended contact: 45 minutes of mother-infant contact during first 3 hours after delivery and 5 additional hours during hospital stay; 9 home visits by specially trained community woman during first 3 months of infancy; home visits designed to promote mothers' involvement with their infants, and to support mothers in coping with a range of situational stresses.

Modest effects of early and extended contact alone, but not in combination with home visits, on attachment; no intervention effect on acceptance of infant, or measures of interaction, stimulation from any treatment combination; no intervention on effects on reported child abuse and neglect or appropriate health care utilization.

*Efficacy of Prenatal and Postpartum Home Visits*, Larson, 1980

115 mother-infant pairs; urban low-income working class families, randomly assigned to 1 of 2 treatment conditions or control; T1 (N=16) prenatal and infancy home visits, T2 (N=27) infancy home visits beginning 6 weeks C(N=37).

Home visits by professionals (BA) in child psychology, focus on enhancing basic infant care skills, more reciprocal mother-infant interaction, more effective, enjoyable interaction patterns; also more appropriate utilization of medical care; one treatment group received 1 prenatal visit, 1 postpartum visit, 4 visits in first 6 weeks, 5 visits from 6 weeks to 11 months; the other received 5 visits from 6 weeks to 11 months.

In general, there appeared to be no treatment effects for the group beginning home visits at 6 weeks; the prenatal onset treatment parents had fewer feeding problems, better mother-child interaction patterns, more appropriate preventive and episodic health care utilization, and higher Caldwell HOME scores than either the control or the other treatment group.

Attrition: 30%

*Parent Training with Teen-age Mothers*, Field, Widmayer, Stringer, and Ignatoff, 1980

Part of a research study with 6 groups; 2 of these groups were low-income teenagers who had given birth to preterm babies, and were randomly assigned to T (N=20) or C (N=28) conditions.

Bi-weekly ½ hour home visits by a 2 person team—a trained professional interventionist and a teenage, black college student; total of 12 visits over first 8 months; focus of the visits was on educating mothers on developmental milestones teaching exercises to stimulate development and promote interaction.

At 4 months babies were heavier and longer than Cs, and T mothers expressed more realistic expectations, rated infant temperament as less difficult than did C mothers; at 8 months T mothers higher than Cs on Caldwell HOME sub-scales emotional and verbal responsiveness, maternal involvement.

*Parent-Infant Project*, Van Doorninck, Dawson, Butterfield, 1980

Pregnant woman aged 16 or older recruited in health department maternity clinic, sample 50% teens, 75% white, 25% Hispanic, most low-income; random assignment to T (N=92), (N=53) conditions.

Weekly home visits by lay home visitors, mid-pregnancy to 15 months; emphasis on provision of emotional support and concrete assistance with immediate concerns, hypothesized to lead to enhanced self-esteem, personal relations, use of resources; not a direct emphasis on parenting behaviors, rather indirect path of influence.

C infants slightly fuller gestation, higher birth weights; T mothers with inadequate baseline diet less likely to improve diet (21% vs. 45%); no overall program-favoring effects on parenting (except for modest trend at 4 months on maternal warmth); higher risk mothers seemed to benefit most from services.

Attrition: 32% Ts, 40% Cs.

*Perinatal Coaching*, Jacobson, undated

Low-income WIC recipients, 39% married, 93% white, 52% welfare dependent; randomly assigned to T (N=31), (N=80) conditions.

One year of home visits, beginning at birth, by trained middle-class volunteers; number visits received ranged widely, but seems to have averaged 15-30; not clear if visits more supportive or didactic, but did focus on parenting issues, encouraging more maternal interaction and involvement with infants.

No program-favoring affects on Caldwell HOME, a mother-infant interaction measure, an attachment measure; many mothers in both groups reportedly seemed depressed, and at 13 months had difficulties expressing positive affect towards baby.

Attrition: no report (36% of those invited to participate declined).

## Name/Reference

United Charities of Chicago,  
Slaughter, 1983

## Sample/Design

Low-income, urban inner-city women; 100% black, most welfare dependent, single parent families; clusters of buildings in each of 3 public housing projects randomly assigned to toy demonstration home visiting (TD), mothers' discussion groups (MD), or control; all families in a cluster with infants 8-24 months offered one particular choice; at baseline 41 in TD, 53 in MD, 38 controls.

Attrition: 37% (15/41 TDs, 27/53 MDs, 7/38 controls).

Prenatal/Early Infancy Project,  
Olds, Henderson, Tatelbaum and  
Chamberlain, 1956, a, b, 1988

Women with no previous live births and /one or more of 3 risk factors—under age 19, single parent, low SES, randomly assigned to:

1. infant health and developmental screening (N=90)
2. screening and transportation (N=94)
3. above plus prenatal home visits (N=116)
4. above, prenatal and infancy home visits (N=116)

sample 47% under age 19, 62% unmarried, 61% low SES, 23% all risk factors; analytic sample all white, excluding 46 blacks in program.

Attrition: 15-21% depending on group.

Menninger Infant Project, Ware,  
Osolsky, Culp, & Eberhart-Wright,  
1987

140 pregnant adolescents from city-county health department program randomly assigned to T or C conditions; 60% white, 40% non-white; low-income sample.

## Intervention

Toy demonstration home visiting modelled after mother-child home program described above (Madden, O'Hara and Levenstein, 1984) 32 visits during school year for 2 years; mothers' discussion groups (10 mothers in each) met weekly, focus on mothers' own agendas and interests; sharing of personal experiences, discussion of child-rearing issues, etc.; some formal presentation of child development activities; both treatments provided/run by professional black social workers.

Bi-weekly nurse home visits mid-pregnancy till birth of baby, weekly the first month, decreasing frequency to 24 months; home visits focused on parent education (80% of effort), but included service brokerage, and effort to involve mothers' informal support systems; postnatal visits emphasized interpreting infant behavior, infant emotional needs, and need for progressively more complex experience; full treatment was + 40 visits.

Both Ts and Cs were clients of a health department program providing prenatal care, social services, nutritional guidance for first 18 months; Ts received in addition a lay home visiting program, weekly 1st month, bi-weekly next 6 months, then monthly until 18 months; Ts also had access to a warm-line for 24 hour emergency help and professional back-up for teens needing crisis/mental health consultation; home visitors used simple activity sheets describing developmental tasks the mothers could do with infants; they demonstrated activities as well; important goal was to encourage fun and play with infants.

## Treatment

General pattern of program-favoring effects modest, but favoring MD group most; MD mothers superior to controls at 1 or 2 testing points on ego maturity, future orientation, use of community resources, endorsement of risk-taking, expectation of children to become self-directing, MD mothers most likely to elaborate on children's play, MD children to use expressive language; some modest program-favoring to effects for each T group of 1 point in time, but not at others (a mixed picture).

No overall prenatal effects, but nurse-visited teens under 16 had babies 324 grams heavier than controls; few overall program-favoring postnatal effects, except emergency room visits 12 and 24 months; but low SES, unmarried teens in control group (N=32) and prenatal visit group (N=18) had much higher incidence abuse and neglect than those visited to 24 months (N=22), 19%/18% vs. 4%; finding supported by same trend on two Caldwell sub-scales, restrictiveness, appropriate control; in a 2 year follow-up the same highest risk sub-sample had fewer subsequent pregnancies.

No treatment effects on infant cognitive or language development; effects on maternal-infant interaction during play and feeding, nor on attachment or Caldwell HOME; within group analysis of home visited teens found higher maternal-infant play and Caldwell HOME scores among teens considered actively involved in and accepting of the program (N=25) than those harder to engage (N=31).

*Name/Reference*

*Intervention with Disadvantaged  
Parents of Sick Pre-term,  
Beckwith, 1988, undated*

*Sample/Design*

92 low-income and working class parents, with low-birth weight infants with respiratory and other problems randomly assigned to T (N=37), C (N=55) groups 50% on welfare, 39% single mothers.

*Attrition:* 5% Ts, 36% Cs (the pattern of attrition left a more disadvantaged T group; regarding parents' own nurturance history, use of prenatal care).

*Maternal and Infants Health  
Outreacher Worker Project,  
Clinton, 1989*

Very low income, rural families from 5 communities in Appalachia and mid-south, many both socially and geographically isolated; mean age 20, 2/3 white, 1/3 black, 43% married; matched comparison group constructed from neighboring population pockets to sites served; same on demographics, MIHOW participants slightly more disadvantaged N=204 Ts, 124 Cs. *Attrition:* 44% by 1 year, 65% by 2 years (measurement sample 105 Ts, 102 Cs at 2 years).

*Intervention*

2 clinically skilled home visitors, a pediatric nurse and an early childhood educator; visits began in the nursery, and continued for a year, at first weekly, and in some cases evolving to bi-weekly; purpose of intervention was to increase mothers' involvement with and level of responsive interactions with their babies; the home visitors' primary task was to nurture the mothers, to enable them to nurture their infants; they also focused on the mothers' perceptions of their infants' behavior; the model was derived from the Bromwich model described above, that works through the foundation of the visitor-mother relationship.

Those who completed program got 5 prenatal and 17 "monthly" postnatal visits till 2 years; home visitors mostly community women; goals of visiting to encourage appropriate health self-care and utilization of formal care, help clients gain access to services, increase parents' involvement with children, knowledge of children's developmental needs; because most home visitors had no "formal" child developmental knowledge the curriculum was designed in part to provide them basic concepts to work with, as well as games, ideas, play activities to share with parent, and advise on infant care.

*Treatment*

Significant program-favoring effects on maternal involvement and reciprocal interaction with their infants, also developmental expectations, including the T group mothers with abusive, alcoholic and otherwise troubled families of origin; also program-favoring effects on mothers' self-appraisal and appraisal of their impact on their child; there were no apparent effects on the security of the mother-infant attachment; or infant "mastery motivation" or developmental test performance at 13 months. Beckwith reports that the interventions appeared to "unhook maternal behavior from adverse predisposing factors."

For families who stayed with the program there were significant program-favoring effects on both sub-scale and total Caldwell HOME scores at 1 and 2 years across all the sites; also more T mothers breast fed their infants—33% vs. 22%.

The studies are arranged in loosely chronological fashion, and it is possible to observe evolution in the field on many fronts: theoretical orientations, program services and emphases, and target populations. The first generation of studies (Gordon; Lambie, Bond & Weikart; Madden, O'Hara & Levenstein) were designed by educational psychologists concerned with improving the teaching and socialization skills of low-income mothers and, thereby, the cognitive and language development of their children. The educational psychologists were joined in the early 1970s by academics and clinicians concerned with psychosocial obstacles to attentive and nurturant parenting (Provence and Naylor; Bromwich; Siegal, et al.). Their programs tended to focus on strengthening the development of emotional or affective relationships between infants and their families. During that same period, the whole field gradually became more infused with ecological child development theory which posits that the "parenting system" is significantly affected by broader support system. In some programs, this contributed to a broadening of purposes and activities; for example, provision of health and social services, meals, transportation, even adult basic education (the PCDCs/Andrews, et al.; the CFRPS/Travers, Nauta & Irwin). In the late 1970s and early 1980s, parent support and education also began drawing the attention of the maternal and child health community, and a number of studies were undertaken that combined health and parenting concerns (van Doorninck, et al.; Larson; Olds, et al.; Clinton). As adolescent childbearing emerged as a social problem, parent support and education studies focused on adolescent parents (Field, et al.; Olds, et al.; Ware, et al.).

Short-term improvements on one or more dimensions of maternal behavior were found in 13 of 19 studies. These included involvement and reciprocal interaction with the infant, praise for accomplishments, restrictiveness and appropriate control, verbal and material stimulation; and, less commonly, in non-verbal warmth and affectionateness, responsiveness to children's bids for attention, comforting, and so forth. Effects were also reported in a moderate number of studies on parents' awareness of their role as "teachers" and the appropriateness of expectations of their children. One of only two studies that collected

information on child abuse and neglect reports found program-favoring effects (Olds, et al., 1986), and these were found for a discrete sub-sample of the larger treatment group.

Only four studies examined indicators of general parent coping, adaptation, and efforts at personal development; but three of these found significant program-favoring effects. It was our impression in reading program reports that if more programs had systematically measured some of these outcomes, this percentage would remain relatively high. Only one program that targeted adolescent parents (Olds, et al., 1988), focused on delaying pregnancies or preventing subsequent pregnancies; on delayed/subsequent pregnancy in a subsequent two year follow-up, the program was able to report progress towards that program goal. Finally, 7 of 13 studies that measured infants' and/or young children's developmental test performance found positive post-treatment program effects.

Long-term effects are less clearly positive, albeit much more tentative due to small numbers. Two of seven studies that followed children into middle or later childhood found residual effects: the Syracuse Family Development Research Program (Lally, Manigone & Honing, 1989) and the Yale Child Welfare Research Program (Provence & Naylor, 1982). At age 15, treatment group girls in the Syracuse study seemed to be functioning academically and socially better than control group girls. Treatment group boys had lower rates and less severe types of juvenile delinquency than control group boys. A ten year follow-up of the Yale Project found group treatment boys had less need for remedial services in school than control group boys, and treatment children had generally better school attendance records. The Houston PCDC found some enduring behavioral effects for boys at ages 8-11 (Johnson & Waiker, 1987). But a more recent and comprehensive follow-up of all three PCDC samples found no residual effects on a number of child and family variables (Johnson & Blumenthal; finding may still change; not to publish until April 1989 SRCD). The Yale Child Welfare Research Program also found some suggestion of long-term positive effects on parenting and broader family functioning, specifically more involved and pleasurable maternal relationships with children, greater involvement in school life, and



higher rates of family self-sufficiency. This resource-rich intervention is the only one in the field that appears to have altered families' basic life situation in at least a few notable ways.

In summary, studies in Table 1 suggest that parent support can produce meaningful short-term effects on discrete parenting behaviors; and on parents' efforts at coping, adaptation and personal development. But the modest longer-term evidence that exists suggests that parent support may not set in motion causal processes leading to improved long-term child development outcomes for environmentally at-risk children. Parent support services per se may not get at the most consequential dimensions of parenting, be self-sustaining, and/or be adequately reinforced by the child or the social environment. Programs that combine parent support and direct developmental services to young children appear to hold the most promise of promoting improved long-term child development outcomes, while not neglecting parents' own developmental and support needs.

#### Qualifications

The studies reflect where the field has been much more than where the field is going. For example, none of the studies really cover the increasingly popular "drop-in/multi-service center" model, in which families pick and choose from among a variety of formal and informal program activities, and as a result, tend to participate in very different amounts and in very different ways. Indeed, as the helping process in family support programs has increasingly individualized over the past two decades, evaluators have been hard-pressed to devise research strategies sensitive to this phenomenon.

Perhaps most important with respect to the purposes and issues of the Colloquium, the studies do not directly shed light on the challenges faced in designing, developing, and ultimately evaluating systems of programs. For example, only two studies, the Child and Family Resource Programs and the Maternal and Infant Health Outreach Worker program, struggled with the challenges of evaluating multi-site replications of a common program approach, which inevitably

produce as many different program emphases and styles as there are sites. (The Parent Child Development Centers each had their own program design and evaluation teams.) Yet, this challenge will be inherent in state systems of programs.

### CONNECTING THESE FINDINGS TO EMERGING FAMILY SUPPORT INITIATIVES

What conclusions should those considering and developing state family support initiatives draw from existing evidence? Perhaps the most basic message is to avoid over-promising. Discrete supportive interventions into families' lives appear to have moderately beneficial effects. But it should not be expected that they alone are going to change children's and parents' lives. The other part of that message is that we still have a good deal of work to do in developing measurement strategies that capture what is occurring. Program managers and front-line staff sense they are observing changes in at least some families that are not showing up in research findings.

A second set of messages relates to the basic purpose of evaluation. The question facing those considering the development of new family support initiatives does not appear to be as much whether to proceed as how to proceed. Evaluators in recent studies already have begun focusing relatively more on providing information about "how," but this shift in purpose has to be reflected more clearly in the mandates given evaluators. This will require program managers to take a more active role in formulating questions they would like addressed at different stages in program development: for example, clarifying the critical questions in the program design and development process; illuminating the pros and cons of different program strategies; examining whether particular program approaches are well- or ill-suited to certain populations; identifying not just who programs are reaching but who they are not reaching; documenting and describing the kinds of help going on in programs; and the factors that seem to influence the quality, nature and effectiveness of helping.

Existing studies provide relatively little experience in designing and evaluating multi-site initiatives. Certainly, evaluation strategies for such initiatives are going to have to be

sensitive to the differences in local population, community, sponsoring agency and, of course, program characteristics. Studying local program characteristics may be especially important when there is a good deal of variability in the expression of a general mandate.

Finally, there is a consensus among those who have worked in the field for a number of years that families served by family support programs are coming to these programs under greater stress than in the past; in some cases with fewer personal resources, in others, with fewer social resources to draw upon. Those shaping state initiatives are going to have to wrestle with the consequences of this trend not only for program design but for conceptualization of evaluation strategies especially for the notion of what constitutes success in working with families.

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AN EVALUATION FRAMEWORK FOR STATE FAMILY  
SUPPORT AND EDUCATION INITIATIVES

Heather Weiss  
Robert Halpern

## **PREFACE**

Multi-generational family support and education programs are receiving widespread attention from policymakers at all levels of government because those programs show promise of contributing to the prevention or amelioration of an array of some of the most pressing social problems. These problems range from child abuse and neglect to school failure and adult welfare dependency. The evidence from the few past evaluations of relevant family-oriented programs suggests for the promise of these programs while acknowledging that their effectiveness, particularly in reducing the incidence of complex social problems, is not yet proven. Until more systematic evaluations are conducted, those who make a case for public investment in these programs are overly dependent upon a few short-term evaluations of single-site demonstration programs. There is as yet insufficient evidence to address the primary question posed by policymakers: Can these programs, with the principles of service delivery which distinguish them, be brought to scale and accomplish their various objectives when they are sponsored by large state agencies?

Policymakers, researchers, and program planners are in a situation akin to that of the creators of Head Start 25 years ago. Then, as now, the political climate was ripe for major initiatives for children and families, and there were those who argued that the research base was insufficient to warrant such initiatives. Then, as now, a tension existed between those who wanted to go ahead and those who wanted more information about program effectiveness before proceeding. Today, this tension is reduced by substantial program experience and evaluation-based information that can craft a new round of programs, by some promising program evaluation results, and by the recognition that evaluations can be developed that will help create strong state programs (Schorr, 1988; Weiss and Jacobs, 1988). So, it is prudent to seize the opportunities presented by widespread interest in helping children and families and to proceed with state initiatives while recognizing there are some limitations in our current knowledge about how to translate ideas from successful programs into large public systems.

Recognizing these limits helps to avoid overpromises while allowing states to mount programs and learn what they can achieve. It is our view that states should move ahead in the family support and education area with carefully created evaluations at each step. Systematic program evaluation can play a substantial and beneficial role in state development and assessment of family support and education initiatives despite the difficult challenges these programs pose for evaluators.

What states need is a comprehensive and workable framework for thinking about how to evaluate their initiatives. We present such a framework, not a recipe, because we believe that planning and implementing an evaluation is not akin to finding a recipe for the perfect research design and then following it. Rather, as Chelimsky (1987) has noted, 20 years of experience with social program evaluation has taught that in planning and evaluation "there is not a perfect evaluation design..rather, evaluations must try to achieve a balance involving timing, methodological strength and cost." Implementing an evaluation is not like following a recipe either. Rather, "[It] is like navigation at sea, which relies heavily on repeating readings with a sextant to approximate position and chart a reasonable course." (Bond and Halpern, 1988, pg. 20). The framework we present allows those responsible for a state's initiative to work out and implement an individualized and evolving evaluation strategy appropriate for their circumstances and programs.

Our framework draws from the broader literature on social program evaluation (Weiss and Halpern, 1988; Weiss, 1987; and Cronbach, 1980), the experiences of ourselves and others in evaluating earlier family support and education programs (Weiss and Jacobs, 1988; Powell, 1988; Powell, 1988), and from the evaluation strategies developed by the states with pioneering initiatives in this program and policy area. Our framework is still preliminary; we are continuing to work on it and welcome feedback that will enhance its utility for those charged with evaluating state initiatives.



## A ROADMAP OF THE PAPER

In order to illustrate some of the challenges, issues, and benefits that states will encounter in evaluating their initiatives and to show some of the building blocks of our framework, we begin in Section II with short descriptions and discussions of the different evaluation strategies that have been crafted by four pioneering states.<sup>1</sup> The substantial variability among state family support and education programs means that no one specific evaluation strategy, research design or set of measures is uniformly appropriate for all such state initiatives. Nonetheless, these states have faced many common problems and the evaluation strategies they have developed contain useful ideas for other states. Section III is a discussion of the problems and constraints these states have faced in designing and implementing their evaluation strategies. Their strategies evolved amidst a set of realities and resources, methodological and practical constraints, and trade-offs which we have subsequently factored into our evaluation framework because others will most likely face them also.

Section IV lays out the three-part framework, beginning with a set of diagnostic questions useful in understanding how program and contextual factors will influence the evaluation strategy. We then present guiding principles for designing evaluation of state family support and education initiatives and a multi-stage evaluation strategy. This strategy is designed to address what we regard as critical questions in building and assessing a state system of family support and education programs. It is possible to build a growing system for programs which meet the quality criteria specified by the state for service delivery? Are local programs effective in reaching the initiative's goals? And finally, is it possible to evolve a large state system for effective programs which will achieve the public policy objectives outlined by the state? In states with the necessary resources, there are additional questions which could

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<sup>1</sup>These states are participants in the Harvard Family Research Project's case research examination of innovative family support and education initiatives.

be addressed such as: If the program is successful, what causal processes are responsible?  
What programs work best for particular types of families?

#### **EVALUATION OF STATE FAMILY SUPPORT AND EDUCATION INITIATIVES: FOUR STATES' STRATEGIES**

When the state staff involved in the pioneering initiatives planned their evaluation strategies, they encountered a set of realities that still pertain today for new state initiatives. First, they typically found themselves dividing their already scarce time and resources between the substantial demands of mounting a new type of program on the one hand, and demands of crafting a successful evaluation strategy, on the other. Moreover, it was usually evident that the local programs they had funded initially had their hands full just getting the program in place, so there was also uncertainty about when and what evaluation demands could realistically be made of them.

Whether they hired an inside or outside evaluator or conducted the evaluation of family support and education programs themselves, it quickly became clear that evaluating the outcomes of child and family programs involved substantial methodological uncertainties; precedents for the evaluation of state-initiated and multi-site child and family programs were largely lacking; and that not many evaluators were available who were trained in the necessary design and interpersonal skills to conceptualize and implement studies of these programs. The methodology for conducting any implementation or process study was not completely clear-cut either. It became apparent that program development was somewhat ahead of program evaluation in the family support and education area. As a result, state staff realized that evaluation would require a substantial investment of time and energy and it would reverberate throughout the entire state program.

The four states examined here include two that initiated family support and education programs through the State Department of Education (Minnesota's Early Childhood Family Education Program and Missouri's Parents As Teachers), and two that initiated programs under the auspices

of the Department of Social Services (Maryland's Family Support Centers and Connecticut's Parent Education and Support Centers.) Table 1 presents an overview of the initiatives. It shows that these state programs vary on several dimensions, including: populations served; targeted or universal program access; the core services included in the program model; the amount of variability in the program across local sites; the program's age; and the level and source of funding.

While these state programs differ in their evaluation needs, they also share several common characteristics which present common challenges for the type, timing and goals of their evaluation strategies. These include the fact that each state initiative began with a few pilot programs which struggled to develop a relatively new type of service for families. This means that each one worked to build a strong program model(s) which could attract families, maintain participation and offer consistent and hence measurable services. As a result, in the early stage of program development, they shared a need for initial feedback and information to guide program development and growth. Further, they needed to avoid premature outcome evaluations and thereby give these new programs a "fair chance" to develop before being stringently assessed. This point is especially important because multiple community-based programs, as opposed to single-site research and demonstration ones, may require more time to get established.

These programs also share the goal of fostering new programs that provide sustained support to families with young children. Their support is aimed at promoting the family conditions and parental competencies and behaviors that, in turn, will promote parenting knowledge and skills, and healthy child -- and perhaps adult -- development. As a result, these states had to grapple with complex conceptual and measurement problems as they tried to translate their goals into measurable indicators. The measurement issues are difficult because the psychometric properties of only a few measures of parenting, family functioning and the like have been established.

TABLE 1: STATE PROGRAM CHARACTERISTICS

|                                   | MINNESOTA                                                                                                                                                                                                                                                                                                                                                                                               | MISSOURI                                                                                                                                                                                                                                                                                                                                                        | MARYLAND                                                                                                                                                                                                                                                                                                                                          | CONNECTICUT                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Program                           | Early Childhood Family Education program                                                                                                                                                                                                                                                                                                                                                                | Parents As Teachers                                                                                                                                                                                                                                                                                                                                             | Family Support Centers                                                                                                                                                                                                                                                                                                                            | Parent Education Support Centers                                                                                                                                                                                                                                                                                                                                         |
| State agency sponsor              | State Department of Education                                                                                                                                                                                                                                                                                                                                                                           | State Department of Education                                                                                                                                                                                                                                                                                                                                   | State Department of Human Resources through Friends of the Family                                                                                                                                                                                                                                                                                 | State Department of Children and Youth Services                                                                                                                                                                                                                                                                                                                          |
| Date initiatives began            | 1975                                                                                                                                                                                                                                                                                                                                                                                                    | 1981                                                                                                                                                                                                                                                                                                                                                            | 1985                                                                                                                                                                                                                                                                                                                                              | 1987                                                                                                                                                                                                                                                                                                                                                                     |
| Number of local programs (1988)   | Programs in 380 of 435 school districts (1988)                                                                                                                                                                                                                                                                                                                                                          | Programs in all 543 districts in the state                                                                                                                                                                                                                                                                                                                      | Eight (1988)                                                                                                                                                                                                                                                                                                                                      | Ten (1988)                                                                                                                                                                                                                                                                                                                                                               |
| Program budget (1988)             | \$18.42 million                                                                                                                                                                                                                                                                                                                                                                                         | \$11.4 million                                                                                                                                                                                                                                                                                                                                                  | \$1,336,000                                                                                                                                                                                                                                                                                                                                       | \$502,000 (1988)                                                                                                                                                                                                                                                                                                                                                         |
| Core components of local programs | No core services are specified in legislation but most common service is center-based program with parent-child activities and parent discussion groups concurrent with the early childhood program.                                                                                                                                                                                                    | Home visits, monthly parent meetings, and periodic screening.                                                                                                                                                                                                                                                                                                   | Drop-in centers providing health care and family planning, diagnostic and assessment services for parents and child, temporary child care, peer support activities, educational opportunities including GED, job preparation, and skill development.                                                                                              | Parent education, parent support services, information and coordination of services, and technical assistance and consultation for other agencies.                                                                                                                                                                                                                       |
| Participant specifications        | Open to all families with children 0-6                                                                                                                                                                                                                                                                                                                                                                  | Open to all families with children 0-3                                                                                                                                                                                                                                                                                                                          | Teenage parents and their mates and relatives                                                                                                                                                                                                                                                                                                     | All parents with children 0-17 with priority to underserved groups, including first time parents, teen and single parents, parents of children in critical transitions, low-income parents, minority parents, two-worker families, and families with limited English proficiency.                                                                                        |
| Program goals                     | The major goal is to strengthen families by supporting parents in their efforts in raising children, offering child development information and alternative parenting techniques, fostering effective communication between parents and their children, supplementing the discovery and learning experiences of children, and promoting positive parental attitudes throughout their children's school. | In line with the philosophy that parents are the child's primary teachers, the program provides information and educational guidance to enhance the child's physical, social, and intellectual development, and attempts to reduce stress and enhance the pleasures of parenting, as well as to reduce the need for remediation and special education services. | To develop community-based support services that 1) prevent unwanted pregnancies among adolescents; 2) assist adolescent parents to become better parents; 3) assure the healthy growth and development of children of adolescent parents; 4) help adolescent parents remain in the mainstream by completing school and preparing for employment. | To support families and strengthen family processes. The effort is designed to promote positive child and adolescent development, increase community-based prevention resources to assist parents, increase community linkages to link parents to local resources, and to increase technical assistance and training to schools and other agencies working with parents. |

Table 2 summarizes information about the funding, timing and types of evaluations the states have conducted. It shows that from the beginning of program operations all four of these states have attempted to get systematic information to help with program development and, in a few cases, information on program outcomes to assess program effectiveness. This is especially noteworthy because, as the state program directors indicated, no one, including their legislatures, has demanded they conduct any type of evaluation. Rather, evaluations were initiated by the state program staff themselves; state and local staff thus have been the primary stakeholders in the evaluations. In fact, several of the state directors indicated that their legislatures in the past have been interested only in information about program participation and constituent satisfaction, not in systematic information about program implementation or effects.

Funding for the states' evaluations frequently comes from state sources and is often in modest amounts as Table 2 indicates. Two states, Maryland and Missouri, have been able to expand their evaluation efforts in important ways by virtue of foundation grants for evaluation activities. Such public/private partnerships are especially important because they have provided the resources necessary to mount broad-scale assessments of the effectiveness of the state program system.

The table also shows that while the four states have chosen different evaluation strategies, the studies rarely span more than a year or two, no doubt due to resource constraints. Each state's evaluation experiences are described below because taken together, they illustrate most of the building blocks we include in our overall evaluation framework.

#### Minnesota's Early Childhood Family Education Program

Minnesota's Early Childhood Family Education Program (ECFE), the oldest of the initiatives, began with six pilot programs in 1975. During the program's nine-year pilot phase, Minnesota



| State             | Study Year     |                    | Participant Specifications |           | Number of Evaluated Sites | Evaluation Funding | Source of Evaluation Funding |            |       | Evaluator | Evaluation Components |          |                |                     |                |                  |               |                | Statewide Enrollment and Participation Data |       |           | Outcome Evaluation Design |             | Duration (Years) | Follow-up Study |                    |
|-------------------|----------------|--------------------|----------------------------|-----------|---------------------------|--------------------|------------------------------|------------|-------|-----------|-----------------------|----------|----------------|---------------------|----------------|------------------|---------------|----------------|---------------------------------------------|-------|-----------|---------------------------|-------------|------------------|-----------------|--------------------|
|                   | Program Budget | Number of Programs | Universal                  | Targetted |                           |                    | State Agency                 | Foundation | Other |           | Internal              | External | Implementation | Parent Satisfaction | Quality Review | Management Audit | Child Outcome | Parent Outcome | Participant Case Study                      | Other | Available | In Process                | Unavailable |                  |                 | Quasi-experimental |
| Minnesota         |                |                    |                            |           |                           |                    |                              |            |       |           |                       |          |                |                     |                |                  |               |                |                                             |       |           |                           |             |                  |                 |                    |
| Study 1(1975)     | \$230,953      | 6                  | ✓                          |           | 6                         | Under \$10K        | ✓                            |            |       |           | ✓                     | ✓        | ✓              |                     |                |                  |               |                |                                             |       |           |                           |             |                  | 1               |                    |
| Study 2(1976)     | \$420,475      | 12                 | ✓                          |           | 12                        | Under \$10K        | ✓                            |            |       |           | ✓                     | ✓        | ✓              |                     |                |                  |               |                |                                             |       |           |                           |             |                  | 1               |                    |
| Study 3(1977)     | \$570,920      | 13                 | ✓                          |           | 13                        | Under \$10K        | ✓                            |            |       |           | ✓                     |          | ✓              | ✓                   |                | ✓                | ✓             |                |                                             |       |           |                           |             | ✓                | 1               |                    |
| Study 4(1978)     | \$712,127      | 21                 | ✓                          |           | 21                        | Under \$10K        | ✓                            |            |       |           | ✓                     |          |                |                     |                | ✓                |               |                |                                             |       |           | ✓                         |             |                  | 1               |                    |
| Study 5(1979)     | \$906,667      | 22                 | ✓                          |           | 20                        | Under \$10K        | ✓                            |            |       |           | ✓                     |          |                |                     | ✓              | ✓                |               |                |                                             |       |           |                           |             | ✓                | 1               |                    |
| Study 6(1980)     | 1,668,602      | 36                 | ✓                          |           | 2                         | \$ 5,000           | ✓                            |            |       |           | ✓                     |          | ✓              |                     |                |                  |               |                |                                             |       |           |                           |             |                  | 1               |                    |
| Study 7(1981)     | 1,740,192      | 36                 | ✓                          |           | 13                        | \$ 8,000           | ✓                            |            |       |           | ✓                     |          |                |                     |                |                  | ✓             |                |                                             | ✓     |           |                           |             |                  | 1               |                    |
| Study 8(1981)     | 1,740,192      | 36                 | ✓                          |           | 3                         | \$ 6,000           | ✓                            |            |       |           | ✓                     |          |                |                     |                |                  |               |                |                                             |       |           |                           |             |                  | 1               |                    |
| Study 9 (1987-88) | 15,887,920     | 310                | ✓                          |           | 164                       | \$ 7,000           | ✓                            |            |       | ✓         | ✓                     |          |                |                     |                |                  |               |                |                                             |       |           |                           |             |                  | 1.5             |                    |
|                   |                |                    |                            |           |                           |                    |                              |            |       |           |                       |          |                |                     |                |                  |               |                |                                             |       | 155       |                           |             |                  |                 |                    |

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Table 2--Overview of Four States' Evaluations

| State              | Study Year        |                     | Participant Specifications |          | Number of Evaluated Sites | Evaluation Funding | Source of Evaluation Funding |            |       | Evaluator |          | Evaluation Components |                     |                |                  |               |                |                        | Statewide Enrollment and Participation Data |           |            | Outcome Evaluation Design |                    |          |                                        | Duration (YEARS)                 | Follow-up Study |
|--------------------|-------------------|---------------------|----------------------------|----------|---------------------------|--------------------|------------------------------|------------|-------|-----------|----------|-----------------------|---------------------|----------------|------------------|---------------|----------------|------------------------|---------------------------------------------|-----------|------------|---------------------------|--------------------|----------|----------------------------------------|----------------------------------|-----------------|
|                    | Program Budget    | Number of Programs  | Universal                  | Targeted |                           |                    | State Agency                 | Foundation | Other | Internal  | External | Implementation        | Parent Satisfaction | Quality Review | Management Audit | Child Outcome | Parent Outcome | Participant Case Study | Other                                       | Available | In Process | Unavailable               | Quasi-experimental | Pre-post | Status Change on Behavioral Indicators | One-time Ratings with Comparison |                 |
| <u>Missouri</u>    |                   |                     |                            |          |                           |                    |                              |            |       |           |          |                       |                     |                |                  |               |                |                        |                                             |           |            |                           |                    |          |                                        |                                  |                 |
|                    | Study 1 (1983-84) | \$120,000           | 4                          | ✓        | 4                         | \$40,000           | ✓                            |            |       |           | ✓        |                       | ✓                   |                |                  | ✓             | ✓              |                        |                                             | ✓         |            |                           | ✓                  |          |                                        | 1                                | yes             |
|                    | Study 2 (1989-90) | \$11.4mil           | 4                          | ✓        | 4                         | \$3,000            | ✓                            |            | ✓     |           |          |                       |                     |                |                  | ✓             | ✓              |                        |                                             | ✓         |            |                           |                    |          |                                        | 1                                | (of             |
|                    | Study 3           | \$11.4mil           | 37                         | ✓        | 37                        | \$105,100          | ✓                            | ✓          |       |           | ✓        |                       | ✓                   |                |                  | ✓             | ✓              |                        |                                             | ✓         |            |                           |                    |          |                                        | 1                                | study 1)        |
| <u>Maryland</u>    |                   |                     |                            |          |                           |                    |                              |            |       |           |          |                       |                     |                |                  |               |                |                        |                                             |           |            |                           |                    |          |                                        |                                  |                 |
|                    | Study 1 (1986-88) | \$754,225           | 8                          | ✓        | 8                         | \$84,000           | ✓                            |            |       |           | ✓        | ✓                     | ✓                   |                |                  | ✓             | ✓              |                        |                                             | ✓         |            |                           |                    | ✓        |                                        | 2                                |                 |
|                    | Study 2 (1987-88) | 1,336,000           | 8                          | ✓        | 3                         | \$10,000           |                              | ✓          |       |           | ✓        |                       |                     |                |                  |               |                |                        |                                             |           |            |                           |                    |          |                                        | 1                                |                 |
| <u>Connecticut</u> |                   |                     |                            |          |                           |                    |                              |            |       |           |          |                       |                     |                |                  |               |                |                        |                                             |           |            |                           |                    |          |                                        |                                  |                 |
|                    | Study 1 (1987-90) | \$502,000 (1988-89) | 1                          | ✓        | 11                        | \$98,977           | ✓                            |            |       |           | ✓        |                       | ✓                   |                | ✓                | ✓             |                |                        |                                             |           | ✓          |                           |                    | ✓        |                                        | 3                                |                 |

initially pursued a strategy of formative studies of program implementation and quality review, and then subsequently conducted exploratory outcome studies at a few program sites.

Beginning with the very first year of program operations, external evaluators, largely chosen through an RFP process, conducted a variety of process and implementation studies. Then, in conjunction with a team put together by Michael Patton from the University of Minnesota, ECFE initiated a long-term quality review process designed to assess new waves of pilot programs as the state initiative expanded. They began by conducting an extensive quality review assessment of the 22 programs operating in 1978 and 1979. Patton worked with the program's state sponsor, the Council on Quality Education, and local program staff and participants to develop detailed quality assessment instruments. An independent team of site visitors conducted the quality assessment study. During the later pilot period in the early 1980s, the quality assessment tool was revised and used to assess second-year programs that had been added to the ECFE roster. Finally in 1984, after legislation expanding the program statewide passed, the quality assessment instrument was revised again in accord with the legislation and proposed Board of Education Program rules. The instrument now is used both by state staff and for local program self-assessment. It has four dimensions: community outreach and input, parent education, child-centered activities, and program operations.

These various studies provided substantial feedback about areas of program strengths and weaknesses (Minnesota Department of Education Report to the Legislature, 1981). State staff used the information to guide staff training and in-service activities, reinforce local staff, create a "buddy system" to pair older and newer programs with each other, and set future program goals. The quality assessment helped ensure that new programs were meeting program guidelines and to pinpoint areas where programs needed further development (such as more outreach to broaden participation, and solving problems with transportation and inappropriate space and facilities). These various evaluations were useful especially because they helped maintain program quality while the initiative was growing.

In the later pilot phase, exploration of ways to assess effectiveness began. The Council on Quality Education contracted with several evaluators to conduct small-scale outcome evaluations with selected ECFE programs. These evaluations were designed to understand the range of possible program effects on children and parents and to explore how to assess outcomes across a diverse set of local programs. During this time, Patton (1980) field-tested a pre-post parent questionnaire, but concluded that it was not useful for documenting changes occurring as a result of the program. List, Reiner, and La Freniere (1981) did intensive case studies of families chosen from the ECFE programs in an effort to explore the types of changes in parents and parent-child relationships and interactions that might be expected as a result of participation in ECFE. Their work pinpointed a number of potential types of outcomes useful to consider in subsequent larger-scale evaluations. Anderson and Berdie (1980) did a detailed assessment of two of the oldest programs, a rural and suburban site, and compared participants and non-participants on a number of dimensions. They did not find many significant differences between the two groups, but this evaluation helped to highlight some of the difficulties with outcome evaluations of family support and education programs which ECFE would need to handle in a larger-scale outcome evaluation.

These problems involve research design, measurement, and evaluation logistics and include: tracking participants, especially the mobile urban participants; attributing changes in children or parents to the program without random assignment or the location of an adequate comparison group; locating or developing appropriate parenting and child development measures; and the sensitivity of existing rating scales and other measures of parent and child behaviors especially for application with universal programs.

During the pilot phase, ECFE also did surveys and polled participants about their opinions of legislative funding for the program. For example, they asked parents and kindergarten teachers whether funding should get high, medium or low priority; the vast majority indicated



high priority. Such surveys may have been helpful in building a constituency for the program as well as in providing feedback about the program's value to different groups.

Since the legislature passed the bill for setting up ECFE on a statewide basis, state staff have requested money for program evaluation but none was appropriated by the legislature until 1989 when \$25,000 was approved. In order to get uniform data on participants and to enable longitudinal follow-up, if sufficient funding becomes available, the state has designed an enrollment form and an anonymous participant demographic survey. ECFE is currently seeking private foundation support to plan and conduct an outcome evaluation.

#### Missouri's Parents as Teachers

Missouri began its four New Parents as Teachers pilot programs in 1981. Its evaluation strategy was to allow the pilot programs to get established for several years and to do a short-term outcome study. Burton White's theoretical framework describing the relationship between aspects of parenting and early child development which guided the design of the intervention also helped to orient the program's evaluation and the choice of short-term outcome measures. Short-term positive evaluation results from this study were helpful in convincing the legislature to move the program from pilot to statewide implementation and in attracting national attention to the program (Missouri Department of Elementary and Secondary Education, 1985). This one-year study was conducted by an outside evaluator chosen through an RFP process in the third year of pilot program operation. The study employed a quasi-experimental design and focused on child outcomes, changes in parent knowledge of child development, parent satisfaction with the program, and changes in parents' perceptions of the school district.

Missouri, like the other three states, found very high parent satisfaction with the program, which may have been helpful in building a parent and a school constituency for program expansion. Questions about parent perceptions of the school district's responsiveness to their children's needs (53 percent of PAT parents rated their district as "very responsive," versus 29 percent of the comparison group parents) generated data that also may have eased the transition



to implementation of PAT in school district's statewide. This information appears to have convinced some superintendents that the program could help the school district's image as well as prepare children for success in the public school's K-12 program.

The Missouri legislature voted to expand Parents As Teachers to a statewide basis in 1985, and the program has continued to plan and carry out outcome evaluations. PAT, with support from several private foundations, is conducting a study of short-term effects on participants from 137 diverse school districts, using many of the same measures they employed in the initial study of the four pilot programs. PAT is also conducting a follow-up study of the participants and comparison group from their initial study, in order to assess longer term effects on aspects of the children's subsequent adjustment to school. At this point, Missouri is the only one of the four states to conduct both a short-term outcome and subsequent follow-up study of program participants, and the only state to employ a quasi-experimental research design to do so.

The state staff have developed a tool for parent educators and the local PAT coordinator to use in the assessment of the quality of the parent educator's services to families. This tool is used in staff development to monitor program quality and to obtain measures of program quality.

#### Maryland's Family Support Centers

The strategy for evaluating the family support centers developed by Friends of the Family in Maryland has involved a combined study of implementation and parent satisfaction and the creation of a management information system designed to track changes in participant status over the course of their program involvement. The resulting information has been useful in both program development and growth. Maryland's emerging management information system illustrates how such a system can be used to track participant changes on policy-relevant behavioral indicators, thereby providing on-going indications of possible program effectiveness.

Maryland worked from the onset of the initiative with an outside evaluator to develop and implement the study of its first eight programs over a two-year period. The resulting

descriptive analysis of participant characteristics and service utilization patterns provided insight into who the program was -- and was not -- reaching, and consequent suggestions for outreach strategies. It also provided useful information about inter-site variability in program service and utilization.

The management information system developed to assess changes in participant status, focused on behavioral indicators. They were chosen in part because they have immediate face validity for policymakers interested in programs targeted on low-income, pregnant, and parenting teens. These indicators included changes in parents' educational and employment status, rate of repeat pregnancy, and use of AFDC and WIC. They used similar types of indicators of changes in children's status. The relevant information was collected as part of the client intake and monitoring process. Data about positive changes in the teens' status on these dimensions, especially repeat pregnancy, have been useful in discussing future program funding and expansion with the legislature.

Maryland's evaluation experience also highlighted the importance of working intensively with local program staff to develop manageable forms of data collection so that staff can accommodate the demands of both evaluation and service delivery. With this in mind, Friends of the Family itself is currently designing and field-testing revised intake, participant update, and service utilization forms that will allow them to continue to track changes in participation and use of services. They have equipped the centers with personal computers to facilitate prompt data entry and management, which in turn facilitates state monitoring and feedback to the local programs.

Finally, to explore the programs' impact on aspects of family development (for example, on knowledge of child development, parenting behaviors, and progress toward self-sufficiency), Friends of the Family is currently planning an in-depth evaluation of several programs. Several private foundations have provided grants to help with this and other evaluation activities. They tentatively plan to examine established programs in one large geographical area where there

are enough young families to attain program and comparison groups of sufficient size. Overall, Friends of the Family has staged the development of its evaluation strategy so that the initial process study provides feedback for program development, behavioral indicators useful for charting client progress, and information indicating when these new types of programs are sufficiently well-established for an impact study.

#### Connecticut's Parent Support and Education Centers

The Department of Children and Youth Services' strategy for evaluating the Connecticut Parent Education Support Centers was to contract with an outside evaluator to develop a set of site-specific evaluation plans for each of its 11 local programs. Connecticut's program initiative encourages inter-site program variation in accord with local needs and resources. This poses a major challenge insofar as uniform outcome measures across sites would be insufficient to capture all the effects of these diverse programs. Therefore, the strategy used by the evaluators from the Human Services Department Institute at the University of Southern Maine involves working with the 11 programs over a three-year period to develop a decentralized and site-specific approach to outcome assessment.

The Connecticut initiative began in 1987, and was followed within a year by the evaluation system. The evaluators, selected through an RFP process, were committed to client self-design and to collaboration with local programs on identifying outcomes and indicators of success. In the first year, they tried out designs at two sites which resulted in a variety of specific and measurable indicators of program success. These included changes in parenting attitudes, knowledge and behaviors, and in aspects of parent-child interaction. These were then translated into a set of pre-post questionnaires. These site-specific assessment areas also are consistent with the state's overall emphasis upon strengthening families in six areas: child and family management; parental awareness of the consequences of familial attitudes and behaviors; family awareness of and access to community support services; bonding of parent and

child to family; parents' realization that parenting is a lifelong learning process; and parents' recognition of the need to think systematically about parenting.

This strategy builds the evaluation skills of local programs and permits maximum local determination of specific program objectives and measures. In order to get a management information system under way for use by the state staff, the evaluators also have designed and field-tested a client enrollment form and an anonymous demographic survey to collect background information on reasons for participation and to get addresses for subsequent longitudinal follow-up.

The evaluators also have been conducting management audits of each program. These are designed to provide the diverse community agencies sponsoring the Parent Education and Support Centers with information about how the Center fits within the sponsoring agency's overall structure and functions. The audit process, for example, showed one agency also offering child care and a program for adoptive families how to merge parallel activities with those of the Center to increase the Parent Education and Support Center's overall impact. The audit information is shared only with the local agency and is a service the evaluators offer in return for the agency's cooperation with the Center evaluation.

### **EVALUATION PRINCIPLES FROM THE STATES' EXPERIENCES**

The different strategies these states have employed reflect some underlying principles which apply more generally to other new state-sponsored family support and education initiatives; hence they are also principles guiding our evaluation framework.

- The experiences suggest the benefits of devoting evaluation resources early on to gather information useful for program development and growth. The questions that should be addressed include: What kinds of families are and are not being reached? What kinds of problems are staff having in delivering the services? What are the issues in serving particular types of families? Minnesota's experience shows the benefits of coupling formative evaluation with quality assessment procedures to help guide program expansion.

- Each of the states has developed a management information system to provide information about participants, participation rates and service provision. Developing these systems was not easy, but they provide information useful in program monitoring and legislative reporting. In the early stages, when the programs were being established, it was especially important to track participation. Maryland has shown the additional utility of such a system in tracking changes in clients' behaviors in order to get short-term information for policymaking.
- Given the newness of these programs, each state avoided premature outcome evaluations. All have begun or are planning to conduct short-term outcome assessment but they did not conduct them in the first year of program operation. Outcome evaluations which test program effectiveness can be critically important to program expansion, as Missouri's experience suggests, but they need to be timed in such a way that they allow a fair test of the program model(s).
- The states' experiences show how important it is to develop sensitive evaluation strategies which provide information useful for both local pilot programs and for the state staff responsible for monitoring and supporting them. Insofar as the state initiatives have emphasized community-based and responsive programs, their strategies have tried to emphasize partnerships with local programs rather than top-down imposition of an evaluation plan. The Connecticut evaluators' strategy illustrates one way of achieving this when a program is small and can manage site-tailored evaluation plans and technical assistance.
- These states have grappled with the realities, the constraints, and the trade-offs common to most other program developers who craft evaluations of new multi-site programs. Like most others, these states did not plan their evaluations in the best of all possible worlds -- that is, one rich in resources, where new programs are immediately fine-tuned and working perfectly, where the relevant human development specialists and evaluators have perfected all the necessary measures and developed research designs that are easy to implement and provide unequivocal evidence, and one in which local programs are widely enthusiastic about adding the many tasks of evaluation to the already demanding ones of program development and service delivery. Instead, like most programs, particularly those that were not primarily set up for research and demonstration purposes, state family support and education programs confront a variety of difficult and interconnected choices, constraints, and trade-offs in planning evaluations.

The evaluation experiences of these four states also illustrate some of the complex issues and challenges other states likely will confront in planning and implementing their evaluations.



## CHOICES AND TRADE-OFFS IN THE MIDST OF CONSTRAINTS

Choices on evaluation include interrelated decisions about how to use scarce evaluation resources, what particular evaluation strategies to use at which point in program development, and what are both appropriate and policy-relevant measures to assess the effectiveness of these complex child and family programs. Decisions about how to involve the community-based programs in planning and carrying out evaluation also have to be factored into designing an overall evaluation strategy. In making these difficult decisions, trade-offs are inevitable. The discussion of the states' experiences below highlights some of the choices and constraints the four pioneering states have faced in designing their evaluation strategies.

### Resource Constraints

The financial resources available for evaluation vary among the four states, but none of them has enormous, some would argue even sufficient, resources especially in relation to the number of local programs to be evaluated. Many single-site research and demonstration programs have more money for program evaluation than these states have for multiple and complex programs. Moreover, their resources also are often unpredictable from year to year, making it difficult to develop a long-term evaluation plan. Despite resource limits and unpredictability, state staff try to keep the door open to the possibility of funding for longer-term evaluations. For example, several states request information on their initial intake form which would help them locate families years hence should follow-up become possible.

The amounts available for evaluation often are insufficient to add an evaluator to the state staff or to contract with an outside evaluator to carry out a very large-scale and/or complex evaluation. In effect, this means that state staff must frequently plan and supervise the evaluation. Delegating the evaluation to an external evaluator, as all states have done at some point, has both advantages and disadvantages. The advantages include having someone else who is an "expert" worry about the evaluation. Also, an external evaluator can minimize any biases that an internal evaluator might bring. The disadvantages can be that the evaluator may

not design an evaluation meeting the program's needs or may not work successfully with local programs. Most state directors note that a substantial amount of time needs to go into choosing an evaluator and then into working with him or her throughout the evaluation process.

Because the state programs have worked to get the maximum benefit from their limited evaluation resources, not infrequently they find themselves frustrated by having collected useful data but without the resources for analysis. For example, more than one state developed a statewide participant enrollment form and did not then have immediate resources to code and analyze the information to find out if the programs were reaching those they were set up to serve.

It is also noteworthy that resources have rarely been available for the state to conduct longitudinal evaluations. This may be an especially important problem because of past concern and skepticism about the duration of program effects in family support and education programs and because of indications that the changes these programs cause may only be evident over the long term.

There are some indications that Foundation interest in state-sponsored family support and education initiatives is growing; some might be willing to contribute funds to examine the success of efforts to "scale-up" family support and education initiatives. Missouri and Maryland have solicited foundation grants and pooled public and private funds in order to generate more resources to conduct substantial multi-state evaluations. It may be an opportune time for other states to try to form such evaluation partnerships. To do so, it will be important to identify the questions state and foundation stakeholders want addressed and to see if they can provide a more comprehensive, multi-state evaluation. These partnerships are especially important because more comprehensive evaluations of these state programs offer the opportunity to test the critical question of whether family support and education programs can be effective as part of large scale public systems. So far, no state has had the resources to do evaluations which cover enough sites in enough depth to address this question.

Financial constraints are not the only ones states have had to confront. Perhaps equally important has been the problem of locating evaluators who can combine the following: knowledge of child, parenting, and family development; strong research design skills; and the practical and interpersonal skills necessary to work with multiple service-oriented, community-based programs to implement an evaluation.

It is likely that new states mounting these initiatives in the future also will face serious resource constraints. While these may help prevent premature outcome evaluations, they have an adverse impact on almost every other aspect of evaluation planning, design and implementation. For our purpose, this means that our evaluation framework has to take resource limitations very seriously (while arguing for sufficiency) and be responsive to concerns about what types of information would be most useful at different stages of program growth to different stakeholders.

#### Questions of Scale

Each state has confronted questions about the scale of its evaluation and their responses have been shaped by resource constraints. Because all the states began with a relatively small number of pilots, they typically developed initial evaluation efforts that examined activities (and sometimes efforts) for all their local programs. However, as the number of program grew, the choice arose of whether to examine all programs, participants selected from all programs, or alternatively, to select some subset of programs or participants. When the number of programs grows substantially, as in Minnesota and Missouri, practical resource considerations have dictated the examination of a subset of either programs or of participants.

Given limited resources, Minnesota staff did a multi-measure outcome study at two sites; this allowed them to test a variety of measures and obtain a sense of the range of possible outcomes. They used their very limited resources to get in-depth information useful in planning a larger multi-site evaluation rather than to cover more sites in less depth. They note that it is not possible to generalize the findings beyond those programs studied. Missouri is trying

another alternative to deal with the problem of scale and generalizability. They selected 400 participants from 37 districts to examine the effects of the statewide program. This strategy covers a wide range of programs and may permit them to generalize more broadly, but it also may inhibit examination of some aspects of local program-participant interaction.

For our purpose, the state's experiences suggest that an evaluation framework should consider the trade-off of breadth versus depth of evaluation information in relation to the stage of the program's development. As the number of programs in the state system grows, the question of whether these programs can successfully be brought to scale and develop into an effective set of programs becomes paramount. Given resource constraints, what later evaluation strategies can address questions about the effectiveness of an overall statewide system, rather than just that of a few local programs?

#### Formative or Summative?

Another early choice involves the question of what type of evaluation to do -- formative, summative, or some combination of the two. Three of the four states have begun their evaluation of pilot programs with some form of formative evaluation to generate information that would contribute to program development. Again, given limited resources and the need for feedback as a state develop a new type of program, the emphasis on initial, systematic formative information and on collection of participant characteristics is well placed. Further, none of the states has attempted to conduct an outcome evaluation in the first year of the program operation, wisely recognizing that a program needs some time to get established and heeding Campbell's (1987) dictum to evaluate no program until it is proved. Each state also has systematically assessed parent satisfaction with the program early on and sometimes periodically thereafter. The resulting information is primarily useful for program development and, because satisfaction is usually high, for mention in fundraising and lobbying efforts.

All of the states have either carried out some type of outcome evaluation or are planning to do so in the near future. None of them, however, has yet used an experimental research

design with random assignment to treatment and controls, the most incontrovertible design insofar as it is less subject to question about whether the program produced whatever changes may be found. Several of the state directors have pointed out that it would be extremely difficult, if not impossible, for them to employ random assignment in a publicly-sponsored, community-based program. In the pilot phase, Missouri implemented a quasi-experimental design with a comparison group drawn from non-participating but eligible families in the programs' communities. The other states' outcome studies employ some type of pre-post design or measurement of status change over the course of program participation.

Missouri's experience suggests that it may be easier to implement a quasi-experimental (or experimental) research design when the state initiative involves a limited number of pilot programs than it is when substantially more pilot programs are involved or the program is available on a statewide basis. In the latter cases, it is almost impossible to find a comparison group within the state because all families are eligible to participate; a comparison group drawn from non-participants may contaminate the comparison. In fact, in their new study of the statewide Parents As Teachers Program, Missouri finally gave up trying to locate a comparison group and has chosen, instead, to look at program effects on various subgroups.

Again, for purpose of our framework, these states' experience reinforce the practicality and utility of an early emphasis upon evaluations designed to yield information for program development, growth, and documentation. As Carol Weiss (1987), an observer of social program evaluation for over 20 years has noted, if program evaluations are to be useful to policymakers -- and we would add to future program developers -- they should devote a larger share of resources to understanding what programs actually do. However, information about program outcomes and about the overall effectiveness of the state program system will also be important, so the evaluation framework must factor that in as well.



### Measurement Choices and Trade-Offs in Assessing Outcomes

All four states have confronted, or are confronting, particularly difficult choices about what types of program outcomes to assess, and what measurements or instruments to use in doing so. Family support and education programs will most likely involve assessment of some combination of changes in the following areas: child development; parent development and behavior as a parent and as an adult; and aspects of parent-child interaction and family functioning. Right now, the state-of-the-art of measurement, particularly in the areas of children's social development and social competence, of parenting knowledge, attitudes and behaviors, and of family functioning, is not very advanced. Further, state staff face choices about whether to measure micro indicators closely in line with program objectives (changes in parenting attitudes, knowledge or behaviors) or more macro and policy relevant indicators (movement from welfare to self-sufficiency or the child's subsequent adjustment to school).

Measurement decisions then must be made while trying to balance several sometimes conflicting factors. Specifically what measures: can assess program objectives related to children, parents and families; can be practically and consistently implemented in (sometimes multiple and varied) community-based service programs; will stand up to psychometric scrutiny; and will provide evidence that, if the program is effective, will prove compelling to policymakers and other stakeholders? The choices include one or a combination of the following:

- Using standardized measures with established psychometric properties, which may or may not directly measure program objectives;
- Using new measures with unknown psychometric properties;
- Creating one's own measures; and
- Using more macro behavioral indicators relevant to program goals (e.g., employment, retention in grade).

The choices made by the four states are described briefly to illustrate different approaches to these problems. In several studies of Minnesota's ECFE programs, evaluators both

created measures and used existing standardized ones. In the process, they learned a great deal about the limitations of existing measures and the problems of creating valid and reliable new ones that can be administered to many people but are still sensitive enough to detect meaningful changes. Minnesota's experience suggests the utility of using a combination of more standard measures with known psychometric properties along with newer ones, possibly created for the program. It also illustrated the challenges involved in evaluating a universal program insofar as many parents "topped out" or scored at the top of measures of parenting knowledge, for example, at the start of the program. This meant there was no change to show program effects on these measures. Universal access programs involve their own special evaluation challenges.

The evaluators involved in Missouri's initial outcome study of PAT employed standard child measures of children's cognitive and language development, adapted existing scales to assess children's social development, and created their own survey instrument to assess knowledge. Their measures have proven relatively easy to administer and interpret; in their follow-up study, they will be experimenting with teacher rating of children and parents and with a parent questionnaire. The latter measures may provide more of a sense of the breadth and depth of program impacts on parents and on parent-child interaction than their initial parent knowledge measure and, thus, of how PAT services mediate children's school adjustment. Missouri, like some of the other states, has tried to find measures that can be practically administered at multiple sites but still provide meaningful information about short- and long-term program effects.

The initial evaluation of Maryland's Family Support Centers for teenage parents relied on gross, relatively easily done measurement of changes in the teenagers' and their children's status at six-month intervals over the course of program involvement. State staff and the evaluators chose a set of relatively straightforward behavioral indicators that have considerable face validity for policymakers. Their revised intake and update forms allow them to continue to track these indicators beyond the initial two-year evaluation period. Friends of

the Family is currently planning an outcome evaluation that would include two or three Centers and focus on more methodologically difficult questions of how program involvement affects parenting behavior and parents' personal development.

Starting from the position that variation among the services provided by the 11 parent Education and Support Centers is both deliberate and substantial, Connecticut's evaluators have pursued a site-specific approach to outcome evaluation and measurement. Initially, the evaluators work with the local program on an evaluability assessment that leads to specifications of objectives and the creation of measures to assess them (Wholey, 1977). This approach trades off strictly uniform objectives and measures across sites and the use of standardized measures for greater attention to specific assessment of local program objectives. In addition to providing feedback to each program on whether or not it is achieving its stated objectives, this approach initially helps each program spell out its specific objectives and then better match services and resources to them.

The state's disparate choices -- measure what you can with standardized measures, create your own, experiment with risky newer measures, avoid psychometrically uncertain measures in favor of more straightforward behavioral indicators -- in part reflect the nascent state of many of the relevant measures, and reemphasize what a problematic and risk-laden area measurement can be for family support and education programs.

Choices of which measures to employ involve consideration of resource constraints, the preferred scale and depth of the evaluation, and the types of outcomes important to different stakeholders in the program. There are many trade-offs to be made in the process of integrating these considerations with measurement choices. But from our point of view, to understand both the policy relevance and causal mechanisms underlying these programs, it is important to develop an evaluation framework which includes both macro behavioral indicators and more finely-tuned micro measures. While we need to determine what these programs can contribute to social problem solving, if they are effective, and we also need to know why. The latter question may seem

unduly burdensome for state initiatives with scarce evaluation resources, but perhaps more evaluations measuring a variety of mediating, as well as outcome, variables could be done with one or two of the state's strongest programs at a later stage of evaluation. This is, in fact, not unlike what Maryland may do in the evaluation of its Family Support Program.

#### Enlisting the Cooperation of Local Programs

Whatever their evaluation strategies, all states emphasized the importance of working continuously and closely with local programs both in planning and throughout the course of carrying out evaluation activities. Getting them to "buy in" to the evaluation so they will help with data collection or facilitate the job for others is both critical and difficult to achieve. One way to do this is to make sure that evaluation strategy is designed to include local program involvement in evaluation planning and to make sure some information will be collected that is useful for local program development.

The reality, especially in the early years of a new initiative, is that local program staff, many of whom are part-time workers, already are overworked trying to develop and establish the program and meet service demands. Recognizing this, several states have spent considerable time working closely with local programs on such issues as the development, field-testing and revision of forms for collecting data about participants and participation. This process allows local staff to reliably and comfortably collect data without feeling they are neglecting service responsibilities or turning participants off with too many forms and personal questions. Others have asked local programs what outcomes should be assessed, provided financial incentives for the program's participation in evaluation activities, or provided feedback useful to the local program's development or status within the local community. Whatever the incentives or "carrots," the states' experiences underscore the importance of providing them, as well as of monitoring to assure that local programs are complying with, but are not undone by, evaluation requirements.

Again, from the point of view of developing an evaluation framework, the injunction to actively and continuously involve local programs in the evaluation may seem straightforward, but it is both difficult to do and can be challenging, given the canons of evaluation practice and the sometimes different information priorities of different stakeholders. So key questions for a framework to address are how and when to involve local programs so that the evaluation can fit into the overall partnership between the state and the local community-based programs. Specifically, some types of involvement may be questionable (having program staff administer assessments) while others are very appropriate (having program staff help determine relevant indicators of program objectives). The framework has to allow for substantial and appropriate local input into the development of an evaluation strategy.

#### Limitations and Future Challenges

Collectively, these state pioneers translating family support and education concepts developed largely at the local level into large public systems have considerable experience with both the difficulties and benefits of program evaluation. In the face of the many constraints and trade-offs described above, they have crafted evaluations that have been valuable in their efforts to build strong programs. Their formative evaluation information has been helpful for program development and growth, and their summative data have provided indicators of possible short-term program impacts.

As yet, however, only Missouri with its quasi-experimental research design can begin to address questions as to whether any changes detected in parents or children can be attributed to their program participation and not to some other factors. Missouri's follow-up study of the participants in the initial pilot projects also will allow them to address questions about whether short-term effects are maintained when children enter school. Some of the other state programs are now "proud" and are preparing to conduct outcome evaluations that meet more stringent research design criteria. Their work is especially important because, in making the case for state development of family support and education initiatives, advocates who cite



evaluation evidence are now overly dependent upon the positive results of a few, mostly single-site, "flagship" research and demonstration projects until more states (and others) can design and conduct outcome evaluations with stringent research designs. Finally, as we argue below, taken together, the evaluation strategies these states have developed contain all the elements we feel are necessary for a realistic evaluation framework.

### A THREE-PART FRAMEWORK FOR EVALUATION

Our framework for thinking about evaluating new state family support and education initiatives has three parts -- guiding principles, diagnostic questions, and a specific multi-stage evaluation strategy. The diagnostic questions come first because they help to illuminate how the state program's context, the needs of different stakeholders, program goals, and other factors need to be taken into account in formulating an evaluation strategy. The diagnostic questions center on who wants to know what about whom, how, why, when and where. A state's answers to these diagnostic questions also should be useful in judging the applicability or adaptability of our multi-stage framework to their particular needs.

Our specific framework is based on five guiding principles which we believe need to undergird efforts to evaluate state-sponsored systems of family support and education programs. We have tried to operationalize these principles first in the diagnostic questions and then in the overall evaluation framework we describe.

#### Guiding Principles

Our proposed evaluation strategy is drawn from the experiences of states as well as generally from evaluation practice. The principles guiding the evaluation strategy are as follows:

- Because these initiatives need different types of information at different points in their development, there must be a staged approach to evaluation. Moreover, new state family support and education initiatives are likely, as they have in past, to start small and grow by adding more and more local programs.

States, therefore, will need and find it useful to do formative evaluations in order to build strong programs, to do short-term outcome evaluations, and in some cases to do longer-term assessments to see if the gains from the program are maintained over time.

- It is likely, almost inevitable, that there will be some important inter-site variability among the programs within a state because of efforts to tailor them to the needs and resources of local communities, families, and agencies. This variation will have to be dealt with as part of the evaluation strategy. Specifically, it will be important to balance the need for an overall sense of the state system's effectiveness with the need to recognize and examine the characteristics and effectiveness of local programs. Just as there is no average program participant, there is no average local program.
- State evaluation strategies should take into account the reality that resources for evaluation are likely both to be limited and to become available in spurts, which makes evaluation planning especially difficult. The evaluation strategy should be able to be implemented incrementally but still provide critical information from the outset to relevant stakeholders. It is also very important that evaluation resources be sufficient to systematically collect and analyze credible data and that resources be adequate for the type of evaluation planned.
- Evaluation strategies will need to be sensitive to the terms of the relationship between the state and local programs. Just as the administrative relationship between the state and local programs is neither "top down" nor "bottom up," the evaluation will need to take into account both state and local input, needs and constraints.
- State initiatives, and hence their evaluations, operate in a political context. This has to be factored in through such consideration as what information is needed by and compelling to different stakeholders. Insofar as these initiatives are publicly-supported programs designed to address public problems, it will be important that the evaluation designs and the particular types of assessments and outcomes chosen are clearly relevant for the state's public policymakers.

The diagnostic questions presented below take account of these principles, as does the four-part evaluation strategy presented subsequently.

#### Diagnostic Questions

The diagnostic questions listed below can be employed as a pre-evaluation worksheet for use in planning a state's evaluation strategy. For our purpose in this paper, a more cursory examination is sufficient to indicate what contextual as well as programmatic factors should be considered in planning a state evaluation.

## PRE-EVALUATION PLANNING QUESTIONS

### 1. Impetus and Implications

- A. What is the impetus for the evaluation, and where does it come from?
- B. If there is pressure to conduct an evaluation, where does it come from, and how strong is it?
- C. Is the pressure internal (from those involved with the state initiative) or external?
- D. Is there the requisite internal support for evaluation from those involved in the program at both the state and local level?
- E. Is there pressure for any particular type of evaluation (i.e., formative, summative, or outcome?)

### 2. Stakeholders

- A. Who are the future and current stakeholders and potential audiences for the evaluation? (Possibilities include: legislators, the governor, the host administrative agency, state program staff, local program staff, the local host agency, participating parents, directors of similar programs around the country, and federal policymakers.)
- B. Whose interests take priority?
- C. What information (for example, about program processes and outcomes) do these different stakeholders want?
- D. If and how is it possible/feasible to design evaluations that will meet the needs of multiple stakeholders?
- E. What are different stakeholders' expectations in regard to research design issues? (Will particular stakeholders only attend to results from certain types of evaluations, for example, those with experimental research designs and not others?)

### 3. Resources

- A. What resources are available for evaluation?
- B. What financial and in-kind resources are available, and are they at least minimally sufficient to do any kind of evaluation at all?
- C. What constraints do the evaluation resources impose on the scale and type of evaluations that are possible? (For example, do resources dictate that initial evaluations examine a limited number of outcomes or of program sites, or do they allow broader examination of outcomes and sites?)

- D. What time resources are available? (From state and local program staff, program participants, data collectors, etc.)
- E. What researchers or program evaluators with the requisite knowledge and skills are available and accessible to conduct or otherwise assist with the evaluation?
- F. Are there resources -- financial and otherwise -- that will ease the burden of evaluation on local program staff?

#### 4. Timeframe and Evaluation Purposes

- A. What is the project timeframe for program development and growth, and for evaluation in relation to it? How much should the evaluation plan focus on providing specific information (formative or outcome) to strengthen local programs, on providing information on the overall effectiveness of the whole system of state programs, or on addressing more differentiated policy and program development questions about what types of programs work for what types of families, how, when, where, and why?
- B. Is systematic information about implementation and participation helpful or necessary for program development or any of the relevant stakeholders? Does the model need to be documented?
- C. How much pressure is there to test program effectiveness and how soon must it be addressed?
- D. How stable and fully developed are the programs?
- E. Is there a relationship between time and resources such that it is possible to plan multi-year evaluation strategy or will an evolving year-by-year approach be necessary? If the latter, is it possible to set up data collection procedures which facilitate later outcome evaluations if resources become available?
- F. How "evaluable" is the state system of programs? (I.e., are there statements of measurable program objectives, commitment to evaluation, etc.?)

#### 5. State and Local Evaluation Relations and Purposes

- A. What is the administrative and decisionmaking relationship between the state agency and local programs, and how will the plan for evaluation fit with it?
- B. What is the span of control of the state program? Are local programs organized into a communication and interpersonal support network? What state/local feedback loops are in place?
- C. How much input into research questions, evaluation design, analysis, or interpretation of results is desirable or feasible for local programs?
- D. What arrangements can be made so that evaluations either parallel or do not undermine other aspects of state and local relationships?

- E. Are or will resources be available to assist local programs with self evaluation, perhaps independent of the state's own overall evaluation efforts?
- F. How much is the evaluation oriented to building a local or centralized evaluation capacity?
- G. Are mechanisms for the state to monitor and ensure local program quality necessary?

6. Interaction of Local Program Services and Evaluation Considerations

- A. How will the nature of the services provided by local programs condition the evaluation?
- B. How much variability is there across programs with respect to services provided?
- C. How much variability is there within local programs -- how much individualization in service provision?
- D. Are there program characteristics (i.e., drop-in center with idiosyncratic participation) which pose particular problems for the evaluation?
- E. How much variability is there in the local programs' context -- for example, in local populations, community characteristics, and sponsoring agencies?
- F. What are the implications of this variation for the uniformity and site specificity of evaluation research designs?

7. Research Design Choices

- A. If the state program is sufficiently developed and there are adequate resources, what is the most stringent research design that can be implemented to assess the effectiveness of either the entire state's system of programs or selected, and presumably representative, local programs?
- B. Is it possible to implement an experimental research design with random assignment to treatment and control groups (either statewide, or with a sample of programs or participants)?
- C. If not, it is possible to locate satisfactory comparison groups for a quasi-experimental research design?
- D. If not, what other research design could be implemented and still satisfy the requirements of relevant stakeholders?

8. Measurement Choices

- A. Given program goals, what indicators of program success are appropriate for relevant stakeholders?



- B. What assessments are appropriate for the purpose of legislative oversight and accountability?
- C. What outcomes will prove compelling to public policymakers concerned about preventing or ameliorating public problems?
- D. What types of outcomes will provide evidence useful for local program development?
- E. Are the local programs substantially different from one another and if so, is there a feasible set of cross-site measures?

#### A FOUR-PART EVALUATION STRATEGY

The four-part strategy outlined below is designed to address critical questions about state-sponsored systems of family support and education programs noted in the paper's introduction. Is it possible to develop a local program to deliver services to those on whom it is focussed? Is it possible to build a growing system of programs which meet the quality criteria specified by the state for service delivery? Are local programs effective in reaching the initiative's goals? Is it possible to evolve a large state system of effective programs which will achieve the public policy objectives outlined by the state?

##### Part I. Management Information System

As the pilot program begins, people both at the state and at the local level are trying to develop a model that is able to reach and serve the designated families. If it is a universal program, is it reaching a cross-section of the population? If it is targeted, is it reaching the appropriate families? Therefore, it is appropriate from the outset to develop a management information system which contains information on participants, their participation, and on available program services. Depending upon what information is included in the system, it may be possible to use it to build tools for quality assurance and for feedback on outreach and participation patterns to programs. It may be possible to design the system so that it has data on status indicators, which, if tracked over time, would allow the state program to chart

participants' progress over time. The evaluation of Maryland's Family Support Centers employs such a strategy.

Developing a management information system will require the state to develop intake and periodic update forms to be used in the collection of information by local programs. This information would be returned to the state for processing and analysis. The system should include information about: 1) basic social and demographic characteristics of participants; 2) indications of key aspects of participants status which relate to program goals, such as educational and employment status or use of other services; 3) the amount of participation in discrete program services; 4) the timing of participation, including when the participants enter and leave the program, and indications of why they terminate their participation; 5) indications of other services used outside the program; 6) program-made referrals and the results of these referrals; 7) information about how and why the participant entered the program, and 8) names and addresses of friends or relatives that could help locate the participant in subsequent years. Follow-up information should be collected periodically to track any changes in social and demographic characteristics or other indicators relevant to the program. This management information system should be supplemented by provider logs which give a sense of how much time is spent on individual program activities by providers.

#### Part 2. Process Documentation and Implementation Studies

A second part of the evaluation strategy involves systematic process or implementation studies, which provide feedback both to the local program and to the state about the development and quality of local program services. The process or implementation study should focus on the nature of the helping relationships; programmatic issues, such as the amount and focus of supervision; and questions about such basic program development issues as what kind of caseload can be managed by the service delivery staff. Overall, the process and implementation study should provide good, systematic, descriptive data about how the program works. It should address questions about whether or not the program is being implemented as planned; document

some of the difficulties involved in developing the service strategy; and describe the problem-solving strategies used by the program. The information gathered from these studies primarily is useful in program development, in developing quality indicators which can be used by both the state and the local program in quality assurance activities, and in documenting what the program model(s) are. Data from process studies also can sometimes be used later to help explain the pattern of outcomes if an outcome study is conducted. Minnesota's evaluation of ECFE includes good examples of process and program documentation studies.

### Part 3. Small-Scale, Short-Term Outcome Studies

The third part of our evaluation strategy involves two alternatives. The first is to conduct small outcome studies for all or selected local programs to determine if the program is achieving its short-term goals. Preferably these studies would employ an experimental or quasi-experimental research design or have some credible comparison standards against which one could judge the program's effectiveness. If they do, they would allow inferences about program effects, at least for a subset of programs. Such a study should examine a limited set of outcomes and ideally employ outside assessors. The information from it should help set up the final part of the strategy, namely large-scale examination of the effectiveness of the state program system. If resources are available, it would be useful to continue the small scale evaluation for several or more years to assess the long-term effects of the program.

The second choice involves scrutiny of changes in client status or behavior which can be gleaned from the management information system. The first might involve studies of changes in some aspect of child or parent development, while the second (perhaps more relevant for programs targeted to particular populations such as teen parents) might involve analysis of clients over time to see if there is change on key program relevant indicators, such as seeking further education or employment.

#### Part 4. The Effectiveness of the State Program System

The final part of the strategy involves development of a larger scale outcome study across the entire state system. Such a study, after the statewide system is proud and established, should look at the overall effectiveness of the program system. Again, resource constraints may dictate a strategy of examining information from the management information system in comparison with indicators from comparable non-program groups. Or, it may be possible to sample participants from all sites and assess them with a limited and carefully chosen set of measures. This larger outcome study, especially if supplemented by a few more in-depth studies at carefully selected sites, will lead to inferences about the treatment, assess program process and mediating variables, and create a basic understanding of the populations which can and cannot be served effectively by the intervention.

#### Growing Demands for Evaluation

The demand for systematic evaluation evidence about the effectiveness of early interventions from legislative and other stakeholders is increasing. This expectation that programs will conduct such evaluations is precipitated by at least three factors. The first is the use of compelling evidence from several high quality studies of early childhood programs documenting their long-term and policy-relevant effects in arguments in support of family-oriented early intervention programs. This has, in turn, spurred evaluations because legislators then ask if investments in new early interventions can produce similar results. The high quality studies have also stimulated evaluation efforts because they showed how powerful well-done research can be in the policy arena. The third factor driving the demand is the increasing difficulty legislators and others have in allocating scarcer and scarcer resources for social and educational programs; as a result they look for evidence as a way to differentiate among competing claims for resources. Some established state programs are now mounting evaluations in order to keep or expand their program in an increasingly competitive fiscal environment. As the demand for evidence of program effectiveness increases in the

future, new types of social programs may need evidence of effectiveness to get beyond pilot status or to command additional resources.

This increased interest, especially in outcome evaluations brings with it some danger of unrealistic expectations. One very powerful state legislative group, after receiving the high quality studies, was convinced of the need for comprehensive and intensive family support and education programs. They postulated that the programs could be developed in six months and then evaluated for effects on participants in the remaining six months of the year.

The anecdote suggests several very salient points for those embarking on state-sponsored family support and education initiatives. First, it is very important to educate all of the stakeholders involved, not only about what new program development and implementation should entail but also about the costs and time involved in different types of evaluation strategies. In particular, the social experiments of the past 20 years have taught the wisdom of avoiding premature evaluation of new programs. Credible evaluations of program effectiveness are not cheap. Second, it will be very important for states to respond to this demand for evaluation with carefully crafted strategies that initially provide formative information to help in building strong programs. The service "technology" and applicability of different family support and education program models are just being worked out. Third, it is more and more important to obtain summative or outcome evidence to indicate whether a state's sponsorship and proliferation of these programs is a wise public investment. Finally, in order for the commitment to evaluation to have meaning, a requirement to evaluate must be accompanied by sufficient resources to fulfill it.



## APPENDIX

### Detailed Descriptions of States' Evaluations

Minnesota

Missouri

Maryland

Connecticut

**State Program: Minnesota Early Childhood Family Education Program (1)**

**Background Information**

\* **State agency sponsor:**

Council on Quality Education, Department of Education

\* **Total program budget:**

Study 1 (1975): \$230,953

Study 2 (1976): \$420,475

Study 3 (1977): \$570,920

Study 4 (1978): \$712,127

\* **Number of local programs:**

(1975) 6

(1976) 12

(1977) 13

(1978) 21

\* **Date initiative began:**

1975 (all)

\* **Core components of local programs:**

No core services are specified in legislation but most common service is center-based program with parent-child activities and parent discussion groups concurrent with the early childhood program.

\* **Participant specifications:**

Universal for families with children 0-6

## Evaluation Overview

\* **Number of evaluated sites:**

(Study 1--1975) 6

(Study 2--1976) 12

(Study 3--1977) 13

(Study 4--1978 & 79) 21

\* **Participant characteristics:**

(Study 1) No specific types of participants specified for inclusion in evaluation

(Study 2) No specific types of participants specified for inclusion in evaluation

(Study 3) No specific types of participants specified for inclusion in evaluation

(Study 4) No specific types of participants specified for inclusion in evaluation

\* **Evaluation funding amount:**

(Study 1) \$10,000

(Study 2) under \$10,000

(Study 3) under \$10,000

(Study 4) under \$10,000

\* **Evaluation funding source:**

(Study 1) Council on Quality Education earmarked money from program's legislative appropriation for evaluation purposes

(Study 2) Council on Quality Education earmarked money from program's legislative appropriation for evaluation purposes

(Study 3) Council on Quality Education earmarked money from program's legislative appropriation for evaluation purposes

(Study 4) Council on Quality Education earmarked money from program's legislative appropriation for evaluation purposes

\* **Evaluation client:**

- (Study 1) Council on Quality Education
- (Study 2) Council on Quality Education
- (Study 3) Council on Quality Education
- (Study 4) Council on Quality Education

\* **Evaluator:**

- (Study 1) Johnson (external) -- chosen through RFP process
- (Study 2) Oberaigner; Minnesota Center for Social Research (participant telephone survey) (external) -- chosen through RFP process
- (Study 3) Michael Patton, Minnesota Center for Social Research (external)
- (Study 4) Michael Patton, Minnesota Center for Social Research (external)

\* **Evaluation philosophy:**

Involve local sites in the planning and development of the evaluation

\* **Evaluation components:**

- (Study 1) Process/implementation study
- (Study 2) Process/implementation study  
Participant satisfaction
- (Study 3) Process/implementation study  
Participant satisfaction
- (Study 4) Participant satisfaction  
On-site quality review implementation study  
Teacher perceptions of ECFE children compared  
to children in general, and of ECFE's effects  
on parents

\* **Statewide information about participant characteristics and participation:**

Attendance records and participant counts kept from program's outset and available to state.

\* **Outcome evaluation design:**

(Study 4) Teacher comparisons of ECFE parents and children against kindergartners and their parents in general

\* **Measures:**

(Study 1) Observations and interviews

(Study 2) Program questionnaire  
Site-visits  
Participant telephone survey

(Study 3) Interprofessional Team site visits for interviews and observations  
Participant telephone survey

(Study 4) Participant telephone survey  
On-site quality review with assessment instrument developed by evaluator in conjunction with CQE and state and local staff  
Mail survey of kindergarten teachers in 22 districts with programs

\* **Duration of evaluation:**

(Study 1) 1 year

(Study 2) 1 year

(Study 3) 1 year

(Study 4) 1 year



## State Program: Minnesota, ECFE (2)

### Background Information

- \* **State agency sponsor:**  
Council on Quality Education, Dept. of Education
- \* **Total program budget**  
(1980) \$1,668,602  
(1981) \$1,740,192  
(1987) \$15,887,920
- \* **Number of local programs:**  
(1980-81) 36  
(1987) 310 school districts provide programs
- \* **Date initiative began:**  
1975
- \* **Core components of local programs:**  
No core services are specified in legislation but most common service is center based program with parent-child activities and parent discussion groups concurrent with the early childhood program.
- \* **Participant specifications:**  
Universal for families with children 0-6

### Evaluation Overview

- \* **Number of evaluated sites:**  
(Study 5--1979-1980) 20 established programs in Patton study of pre-post parent questionnaire  
(Study 6--1980-1981) 2 established programs in 6th or 7th year of operation in Anderson and Berdie outcome study (one rural and one suburban)  
(Study 7--1980-1981) 13 Second-year programs  
(Study 8--1980-1981) 13 families participating in 3 local programs  
(Study 9--1987-1988) 164 sites examined

\* **Participant characteristics:**

- (Study 5) No specification of particular participant characteristics
- (Study 6) Rural and urban participants
- (Study 7) No specification
- (Study 8) 13 participating families drawn from Duluth, Fairmont, and Minneapolis programs.
- (Study 9) No specification

\* **Evaluation funding amount:**

- (Study 5) under \$10,000
- (Study 6) \$5,000
- (Study 7) \$8,000
- (Study 8) \$6,000
- (Study 9) \$7,000

\* **Evaluation funding source:**

- (Study 5) Council on Quality Education earmarked money from program's Legislative appropriation for evaluation purposes.
- (Study 6) Council on Quality Education earmarked money from program's Legislative appropriation for evaluation purposes.
- (Study 7) Council on Quality Education earmarked money from program's Legislative appropriation for evaluation purposes.
- (Study 8) Council on Quality Education earmarked money from program's Legislative appropriation for evaluation purposes.
- (Study 9) Minnesota Department of Education

\* **Evaluation client:**

Council on Quality Education, Department of Education

- (Study 9) Minnesota Department of Education

\* **Evaluator:**

- (Study 5) Patton and Minnesota Center for Social Research
- (Study 6) Anderson and Berdie Associates

(Study 7) Hess and Bowers (now Innovative Programming Systems, Inc.)

(Study 8) List, Reiner, and La Freniere

(Study 9) Minnesota Department of Education

\* **Evaluation philosophy:**

Involve local sites in the planning and development of the evaluation

\* **Evaluation components:**

(Study 5) Pre-post parent self-assessment questionnaire field tested by 2240 parents

(Study 6) Outcome study

(Study 7) On-site quality review implementation study

(Study 8) Exploratory case studies with multiple measures

(Study 9) One-time questionnaire soliciting information about program activities

\* **Statewide information about participant characteristics and participation:**

In 1987, the state developed an enrollment form and a demographic survey form; providing demographic information, household composition, and other data for use across the state and submission to the ECFE state office.

\* **Outcome evaluation design:**

(Study 6) One time comparisons of participating and non-participating parents and children

\* **Measures:**

(Study 5) Pre-post parent self-assessment questionnaire developed by evaluator

(Study 6) Telephone interview of eligible parent participants and non-participants  
Kindergarten teacher ratings  
Independent observer ratings of children in classrooms (same rating scheme as used by teachers)

(Study 7) Revised quality assessment tool developed by Patton  
On-site observations  
Parent and advisory council interviews

(Study 8) Case studies based on semi-structured interviews;  
Naturalistic observations in home and center;  
Videotaping parent-child interaction;  
Questionnaires and other assessment instruments.

- (Study 9) Questionnaire for coordinators soliciting information about their program including: strategies used to reach a cross-section of the population, outreach activities, overall resource allocation, advisory council composition and roles, extent of coordination with other agencies, curriculum choices and evaluation efforts.

\* Duration of evaluation:

- |           |           |
|-----------|-----------|
| (Study 5) | 1 year    |
| (Study 6) | 1 year    |
| (Study 7) | 1 year    |
| (Study 8) | 1 year    |
| (Study 9) | 1.5 years |

## State Program: Missouri, Parents As Teachers

### Background Information

- \* **State agency sponsor:**  
Department of Education
- \* **Total program budget:**  
(1983-84)      \$120,000  
(1988)      \$11.4 million
- \* **Number of local programs:**  
4 in original evaluation; since 1985 PAT has been phased in as a statewide program
- \* **Date initiative began:**  
1981-1982
- \* **Core components of local programs:**  
Home visits, monthly parent meetings and periodic screening
- \* **Participant specifications:**  
Universal for parents with children under three

### Evaluation Overview

- \* **Number of evaluated sites:**  
  
(Study 1)      1983-84: participants chosen from 4 programs in their third year of operation (suburban, urban, rural)  
  
(Study 2)      1989-90: Follow-up of 150 participants in Study 1; children now in kindergarten and first grade  
  
(Study 3)      1989-90: 400 PAT participants chosen through a stratified random sampling process from 37 diverse school districts (150 of these 400 included in parent outcome substudy)



• **Participant characteristics:**

- (Study 1) First time parents; 75 PAT participants and 75 non-participants for comparison group
- (Study 2) Follow-up with those in Study 1
- (Study 3) Families with children younger than 8 months who enrolled in the 1986-87 school year

• **Evaluation funding amount:**

- (Study 1) \$40,000
- (Study 2) \$3000 (figure for study 2 does not reflect in-kind contribution of staff time for data collection, costs for telephoning families, or for on-site meetings with PAT national center school administrators and teachers)
- (Study 3) \$65,500 (figure does not reflect in kind contribution of PAT national center staff; funds are being sought to cover costs of data entry and report writing)

• **Evaluation funding source:**

- (Study 1) State Department of Education
- (Study 2) Money from Award of Ford Innovations in state and local government Prize and in-kind support from State Department of Education (through their contributions to Parents As Teachers National Center)
- (Study 3) Ford Foundation, State Department of Education (see Study 2 above) and Mailman Foundation (substudy of parent outcomes)

• **Evaluation client:**

Department of Education

• **Evaluator:**

- (Study 1) Pfannenstiel and Seltzer, Research and Training Associates (external)
- (Study 2) Parents As Teachers National Center (internal)
- (Study 3) Research and Training Associates (external)

\* **Evaluation philosophy:**

Collaboration with local programs on evaluation design and implementation issues

\* **Evaluation components:**

- (Study 1)      Child Outcome study  
Parent perception of school district and satisfaction with program  
Parent knowledge of child development
- (Study 2)      Child Outcome Study  
Parent development in school and home learning
- (Study 3)      Child Outcome Study  
Parent perception of school district and satisfaction with program  
Parent knowledge of child development  
Parent outcome substudy

\* **Statewide information about participant characteristics and participation:**

State has designed an enrollment form and forms for information on program participation; data is collected by districts but available to state

\* **Outcome evaluation design:**

- (Study 1)      Quasi-experimental design with post tests of child development
- (Study 2)      Quasi-experimental design with post tests of child development
- (Study 3)      Analysis of program effects by participant subgroups

\* **Measures:**

- (Study 1)      Child outcomes: Kaufman Assessment Battery for Children  
Zimmerman Language Scale  
Observations of child in testing situation and parents' assessment of  
aspects of child's social development (from Batelle Developmental Inventory)
- Parent knowledge: Parent Knowledge Survey Instrument developed by  
program
- Child screening: Whisper test of hearing  
Mail questionnaire of parent perceptions and satisfaction
- (Study 2)      School records of pupil attendance

Questionnaire for children's teachers eliciting screening information at kindergarten entry, standardized test results, report card information, teacher rating of behavioral and school adjustment and of parents' involvement with school and home learning

Questionnaire for parents eliciting their assessment of child's school performance and of the child's and parents' feelings about child's school experience; parents' report of their school involvement (both school and parent initiated) and parents reports of parents' shared experiences with the child

(Study 3) Measures are the same as these used in Study 1 except that parent education observational assessments of child will be included, the observation instrument has been slightly revised and the Whisper test eliminated. This study will also include measures of program quantity and quality and of the quantity and quality of parents' participation. The forms will involve a system the state has developed for self and coordinator assessment of parent educators and the latter will involve parent educator ratings. The substudy of parent outcomes (with 150 families) will employ the Caldwell HOME and rating of parent-child interaction based on three minute interaction around a toy.

\* Duration of evaluation:

|           |          |
|-----------|----------|
| (Study 1) | One year |
| (Study 2) | One year |
| (Study 3) | One year |

## State Program: Maryland

### Background Information

- \* **State agency sponsor:**

Department of Human Resources

- \* **Total program budget**

(1986-87)      \$754,225

(1987-88)      \$1,336,000

- \* **Number of local programs:**

8

- \* **Date initiative began:**

1986

- \* **Core components of local programs:**

Drop-in centers providing health care and family planning, diagnostic and assessment services for parent and child, temporary child care, peer support activities, educational opportunities including GED, job preparation and skill development.

- \* **Participant specifications:**

Teen parents (one site open to all parents with preschool children)

### Evaluation Overview

- \* **Number of evaluated sites:**

(Study 1--1986-88)      8

(Study 2--1987-88)      3

- \* **Participant characteristics:**

(Study 1)      Teen parents

(Study 2)      Non-pregnant and non-parenting teens and preteens

\* **Evaluation funding amount:**

(Study 1)        \$84,000

(Study 2)        \$10,000

\* **Evaluation funding source:**

(Study 1)        Department of Human Resources

(Study 2)        Public Welfare Foundation

\* **Evaluation client:**

Friends of the Family and Department of Human Resources

\* **Evaluator:**

(Study 1)        Regional Center for Infants and Young Children (external)

(Study 2)        Dr. Laurie Zabin, Johns Hopkins University (external)

\* **Evaluation philosophy:**

Work with local programs to receive and incorporate their views about research questions, indicators, data collection procedures and to expand or modify the evaluation as needed.

\* **Evaluation components:**

(Study 1)        Descriptive analysis of participant characteristics  
                    Implementation study  
                    Parent satisfaction substudy  
                    Outcome assessment of changes in participant status (e.g. parents' educational and employment status, repeat pregnancy, FDC and WIC utilization, living situation) and children's status, (e.g. health care utilization, developmental difficulties, living situation, protective service involvement and family preservation.)  
                    Substudy comparing participants and dropouts

(Study 2)        Program implementation for a participant subgroup

\* **Statewide information about participant characteristics and participation:**



The evaluation intake and update forms provide statewide data on participant characteristics; monthly summaries of the number of participants utilizing different services were also collected. Friends of the Family is currently designing and field testing revised intake, update and utilization forms which will enable subanalyses of different groups including nonpregnant and nonparenting teens and fathers.

- **Outcome evaluation design:**

(Study 1)      Assessment of participant changes on selected dimensions and selected comparisons with data from other studies (e.g. repeat pregnancy rate)

- **Measures:**

Intake forms with 6 month updates  
Monthly overall program utilization data forms  
Substudy with parent satisfaction ratings  
Individual goal assessment forms  
Parent/child profiles

- **Duration of evaluation:**

(Study 1)      Two years

(Study 2)      One year

## **State Program: Connecticut Parent Education Support Centers**

### **Background Information**

- **State agency program sponsor:**  
Department Of Children And Youth Services
- **Total program budget:**  
(1987) \$300,000  
(1988-89) \$502,000.
- **Number of local programs:**  
Eleven in diverse agencies
- **Date initiative began:**  
1987
- **Core components of local programs:**  
Four: parent education; parent support services; information and coordination services; and technical assistance and consultation for other agencies
- **Participant specifications:**  
Parents of children 0-17 with priority to the undeserved (teen and single parents, first time parents, low-income parents, parents of children in critical transition periods, two-worker families, minority parents, and parents with limited English proficiency)

### **Evaluation Overview**

- **Number of evaluated sites:**  
Year 1 (1987-88) Two in design and field test phase  
Year 2 (1988-89) Four additional  
Year 3 (1989-90) Five additional
- **Evaluation participant characteristics:**  
No specific types of participants specified for inclusion in evaluation

- **Evaluation funding:**

Year 1 (13 months) \$36,250 plus \$5,000 stipend for each site

Year 2 (12 months) \$27,402 with no site stipends

Year 3 (12 months) \$25,325 with no site stipends

- **Evaluation funding source:**

Federal Juvenile Office of Justice and Delinquency Prevention Funds allocated by State Office Of Policy And Management

- **Evaluation client:**

Division of Children and Youth Services

- **Evaluator: (external)**

National Child Welfare Resource Center  
Human Services Development Institute  
University of Southern Maine (chosen by RFP process)

- **Evaluation philosophy:**

Commitment to "client self-design" and intensive and extensive collaboration with state and local program staff to identify outcomes, indicators of success and target populations for each local program.

- **Evaluation components:**

Parent satisfaction questionnaires

Management audit

Pre-post study to cover all 11 sites by end of 3 years (evaluators will have worked with local staff of each program to develop a site-specific list of parenting behavior and knowledge indicators and instruments to assess changes in them)

- **Statewide information about participant characteristics and participation:**

Local programs sent DCYS their client enrollment forms and demographic surveys with demographic and household membership information, participation in other programs, source of contact for 5-10 year follow-up, reasons for participation and attendance tracking logs (all sites will be included by year three) Programs provide quarterly reports on program participation to DCYS.

- **Outcome evaluation design:**

Site-specific pre-post questionnaire on parenting skills, activities with other parents and use of other community services

\* **Measures:**

Pre-post questionnaire developed for each center to collect information about 1) child and family management; 2) parental awareness of the consequences of familial attitudes and behaviors; 3) family awareness of and access to community support services; 4) bonding of parent and child to family; and 5) parents realization of parenting as a lifelong learning process and need to think systematically about parenting

\* **Duration of evaluation:**

Three years

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## PROGRAM DESCRIPTIONS



*Ounce of Prevention Teen Parent Support Program, Illinois  
(Cheri Eisenberg)*



COMMUNITY-BASED FAMILY SUPPORT AND  
EDUCATION: LOCAL PROGRAM EXAMPLES

Gail C. Christopher

## **PREFACE**

The local community models described in this chapter\* illustrate how family support and education programs provide opportunities for parents to be parents. These models demonstrate the ways that significant relationships among parents and professionals are encouraged, often resulting in increased self-esteem, accelerated personal growth and improved parenting. Further, these models illustrate how vital resources, information and on-going support are delivered to families in their homes or in non-threatening settings which invite participation. Finally, they show the pivotal roles played by the local community in providing services and resources that address basic family needs. Family support and education programs are often the fulcrum of a network of resources for families within their communities. Program workers often become "ad hoc" case coordinators for families who must navigate the complex and fragmented bureaucratic system in search of immediate or on-going assistance.

Although the family support and education programs were divided into several specific categories (described below), all of the programs have the same goals for families. These brief descriptions attempt to illustrate through practical detail how service providers translate the principles into programs, how barriers are overcome to provide flexible yet comprehensive services to families, and how local residents, parents and community leaders have participated in program design and development.

### **Generic Programs**

These programs are all community-based and have been designed in response to needs and priorities of local residents. Community members feel a sense of ownership of these unique programs. The practices, procedures, staff and curriculum reflect the culture and ethnic

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\*Most of the program descriptions included here have been adapted from Programs to Strengthen Families: A Resource Guide (1988), A Family Resource Coalition publication.

balance of the communities in which they are housed. In many cases, parents were involved in the planning process and also play an on-going role in program modification.

The "how to" by which programs deliver these services varies. A constellation of services and practices represent the "three r's" of family support and education programs: relationships, resources and referrals. The combination of opportunities for new, generative and validating relationships; exposure to needed resources -- information and support -- which empower and enhance their capacities; and referral to additional community resources, constitutes the basic service framework of family support programs. These services may be provided in a variety of settings, or under many different sponsorships or auspices. They may be center-based or rely primarily on home visiting services. Sometimes, the two different strategies are employed in one program. Sometimes home visits are used as part of an outreach strategy targeted to the "hard-to-reach" families with a high risk for family dysfunction. The parent may then later engage in center-based, educational and peer support activities.

#### Self-Sufficiency Program

Single parent families, particularly those headed by women, are the most vulnerable to poverty, both persistent and transitional. A divorce or family crisis may suddenly send a young mother and her children into poverty. Teen moms with inadequate educational preparation and/or social skills have a heightened risk for a life trajectory of poverty and welfare dependency. Barriers to self-sufficiency are numerous. Child support is uncommon, even among women who were once married; it is virtually non-existent among never-married mothers. Finding and holding a job, particularly when raising young children, is difficult. Many turn to welfare as their sole source of income.

A growing number of family support and education programs are designed to help families prevent or break this cycle of poverty and its negative consequences. Some of these programs incorporate an employment related focus; all are rooted in a deep understanding of the barriers families face in becoming economically self-sufficient. They seek not only to build the skills

and resources necessary to obtain a job, but also to provide the support that is essential for coping with the combined demands of employment and parenting. These programs frequently use the following such strategies:

- Aggressive outreach to homes within communities served.
- Culturally relevant activities and learning experiences.
- Consistent opportunities for validation and esteem and confidence building experiences.
- Life management and self-help skills training.
- Sustained structured curricular-based program designs that are comprehensive in nature.
- Advocacy and assertiveness training.
- Concrete resources -- material or monetary.
- Strong linkages with other community agencies.
- Ample opportunities for self-expression and for small group activities.
- On-site parent/child intervention.

The challenge for family support programs that make self-sufficiency a goal is to balance the program elements that directly advance job-related skills (i.e., educational programs, job training, etc.) with the more general family support activities that increase parents competence in a broader range of activities and offer support to the parent and child.

#### Early Child Development and School Success Programs

Built on an expanding base of knowledge about children's developmental needs, these programs are designed to optimize the quality of daily interactions between parents and young children. They foster early parent/child relationships which will meet the child's primary needs for nurturance, protection, stimulation, comfort and support. They seek to prevent the occurrence of family dysfunction and developmental problems in young children. They use positive early intervention to enable families to avoid situations, conditions and patterns of



behavior that might become very damaging. These programs are based on the knowledge that children's chances in school are vastly improved when they have the support of a healthy, well-functioning family.

These programs' methods of service delivery range from center-based to home visits to televised instruction, but their content is focused upon modeling and teaching age appropriate child rearing practices and in providing support to parents which improves their access to resources within their own communities. Details of two very successful programs -- Parents as Teachers in Missouri and Early Childhood Family Education in Minnesota -- have already been provided in this volume. This section describes another highly innovative early childhood development program, the "Beethoven Project," in Chicago, Illinois.

#### Family Support Programs for Adolescent Parents

The teen parenting experience reflects at least two major life transitions which occur concurrently: the teen transition into parenthood and the natural challenge of moving through adolescence into adulthood. Well timed, appropriate programmatic support and interventions may play a critical role in the lives of both the teen parent and the child.

Family support and education programs which target teen parents usually try to:

- Provide prevention programming designed to discourage the decision to become "parents too soon;"
- Provide comprehensive, supportive services that build self-esteem, confidence and capacities among adolescents;
- Teach child development and parenting skills; and
- Encourage adolescent parents' continuation in school and career preparation activities.

Teen programs usually provide a child care component which offers "developmental" child care and age-appropriate toys and activities for children. Teen mothers learn as they assist staff in the on-site child care centers.

Some programs have developed innovative intergenerational components. These may include support or peer groups for grandparents-too-soon. Mother/daughter discussion groups also are offered. Health services or referrals to appropriate medical care facilities are critical components in these programs. Reproductive health education is key.

Adolescent-focused programs usually include a variety of activities designed to engage the young parents' interest and provide opportunities for expanding experiences. For example, classes usually include life management skills training: decisionmaking, problem solving, assertiveness training, and time management are a few examples. Other classes may include sexual responsibility and basic skills tutoring. Teens also have the opportunity to participate in various vehicles for self-expression like dance classes or theatre groups. Staff are people with whom teens can identify, and they serve as important role models and have a positive impact upon the teens. They are usually trained and skilled in group dynamics, communications skills and esteem-building techniques.

In addition to their direct service activities, these programs give teen parents guidance on navigating the complex bureaucratic systems they encounter. These systems include public aid, public education, child support enforcement, public health and employment training.

While most programs are focused on teen mothers, an increasing number offer special outreach and support services for teen fathers. The outreach efforts include discussion groups and parent education classes.

These programs often are funded as public/private partnerships, combining federal and foundation support. Some have been documented as effective in reducing the incidence or rate of repeat pregnancies.

#### Programs Which Emphasize Child Abuse and Neglect Prevention

The last decade has generated a greater national focus upon and subsequent understanding of the risk factors associated with child abuse and neglect. Yet despite accelerated public

education and awareness campaigns, 2.2 million children were victims of child abuse in 1988; three children were killed everyday.

Abuse is more likely to occur if the parent has a personal history of abuse, is isolated, has low self-esteem, is unable to meet his or her own needs, is unable or unwilling to seek help, or has unrealistic expectations of the child. These predisposing conditions are then compounded by one or a series of perceived environmental stress factors. A series of personal crises could lead to abuse.

Family support and education programs address these predisposing conditions by providing support, reducing isolation, and giving information which helps parents form more realistic expectations for normal child behavior. They sometimes provide respite for the child who is in immediate danger. Home visits, hot and warm telephone lines, peer discussion groups and stress management or coping skills workshops are hallmarks of successful child abuse and neglect prevention programs.

These programs usually are linked closely with state and local child welfare agencies and particularly with child protection services. Staff are challenged to be able to develop trusting relationships with parents, while protecting the safety of the child.

#### Programs for Families With Children With Special Developmental Needs

Empowerment, support, information, advocacy, and resources -- these are the tools that family support and education programs offer the families who have children with special needs. The chronic, sometimes ever-increasing needs of special children make the well-being of the parents (as primary caregivers) critically important. These programs can and do play a vital role in the continuum of care by assisting parents whose feelings of confusion, isolation and stress are greatly alleviated by the powerful peer groups and advocacy networks which emerge.

The Education of the Handicapped Act of 1983 (P.L. 98-199), established a grant program to support organized parent-to-parent information and training activities for parents of children with special needs. This law is designed to support programs which enable parents to

"participate more effectively with professionals in meeting the needs of handicapped children."

This legislation promotes family-centered care for special needs children.

Some issues that are particularly important in these programs:

1. Increasing parents' access to credit or money required to secure special resources like equipment, medical services, respite services, etc.
2. Flexibility and the capacity to respond to changing needs or to medical crises;
3. Advocacy and service coordination efforts due to complex medical and social systems that parents must navigate;
4. Emotional support, peer counseling, grief counseling and communications skills training;
5. Special training to familiarize parents with medical and professional terminology involved in the child's on-going care;
6. Intermediary services to facilitate effective communication with professionals;
7. Focused advocacy training and information sharing around legislation and policy issues;
8. Involvement of parents as role models, teachers and peer counselors for other families;
9. Provisions of transportation, special meals, sibling child care and respite for families while they participate in programs; and
10. Strategies that generate co-dependence and empowerment despite on-going needs for support and resources.

Perhaps the greatest challenge is in implementing program strategies and family service plans which address both the needs of the child and the needs of the parent. There are also the challenges of focusing on success and creating social and recreational activities for families.

#### Programs Which Promote Maternal and Child Health

Some programs focus specifically on the needs of pregnant women -- particularly those women who may be coping with pregnancy and motherhood for the first time. Fueled by research that documents the critical impact that adequate prenatal and postnatal medical services can have on preventing infant mortality and morbidity, these programs provide an array of nursing,

social, education, medical, and nutrition services to pregnant women, new mothers, and their infants.

Because low income minority adolescents are more likely to have low birth-weight babies or to have an infant die, these health-oriented family support programs often give service priority to pregnant teens. Programs that serve these populations use aggressive public education and outreach strategies which include public service announcements, home visits, and hot lines. Birthing classes, birthing partners or coaches, prenatal nutrition classes and parenting classes are also offered.

These programs often continue to offer services or referrals to other programs that can help these families (and others in the community) with their health needs during the critical early years of their children's lives. Thus linkages with community resources are critically important for these programs. Parents can be referred to medical services, to WIC programs, and even to other necessary supports such as housing, public aid, psychological counseling, and alternative school options.

#### **POSTSCRIPT**

Family support and education programs should not be seen as the solution to the litany of challenges facing America's families. Ever increasing percentages of mothers in the workforce and dual-earner households; changes in basic family structure precipitated by divorce, remarriage and single parenthood; heightened levels of family isolation and mobility; and escalating poverty levels among families with children (particularly female-headed families), demand the development of new strategies for programs and service delivery models that address overall family well-being. Even the most effective programmatic interventions cannot replace broader social policy and attitudinal shifts.

These programs raise many questions for public policymakers. Perhaps the most critical is how can the success of these approaches be transferred to or integrated with our nation's public



human service delivery system? How can we increase the numbers of families who have the opportunity to experience this type of support? The answers generate more issues. What kind of preparation or training will service providers and program administrators require? What resources are needed and how will they be derived? What level of on-going program evaluation and monitoring are indicated? Our challenge is to address these issues in a timely, cost effective and productive manner.

These challenges, however, are built on an underlying assumption -- that community-based family resource and support programs have a unique and important role to play in our nation's system of delivering quality human services to all families.

### GENERIC PROGRAMS

#### The Parent Resource Center of Corning-Painted Post -- Corning, New York

The Parent Resource Center (PRC) of the Corning-Painted Post School District is an effort to combat the dearth of quality child care in the county by providing child care resources and referral services. It is also an effort to help parents receive needed information and support that will foster the development of parenting skills.

This is a drop-in center, open and available to parents and their children on Monday, Wednesday and Friday from 9 a.m. to 3 p.m. On Tuesday and Thursday, the Center is open evenings as well. The Center also offers Saturday access for parents. The drop-in place provides a comfortable environment which promotes parent-child interaction and activities that foster healthy early childhood development. Visiting parents are encouraged to interact with peers and to seek assistance from staff at the Center. Developmentally-appropriate toys and equipment are provided. Books, toys and other resources may be borrowed from the Resource Center. In addition, the Center provides a referral and resource service which helps parents find quality child care within the local community.

Workshops, classes and activities are planned for parents which address specific parenting issues. In collaboration with another local community agency, PRC offers training for family day care providers. This training component seeks to provide more options for child care and offer child care providers on-going opportunities for networking and "dropping in" to an environment designed to support "healthy" child development. The PRC is a creative, multi-faceted approach which delivers needed resources to a community. This "what," however, is only a part of the story. The "how" and the "why" of this program are important backdrops.

The Early Childhood Committee of the Corning-Painted Post School District spent approximately two years in the research and development phase of this project. A committee of community members, parents, educators, professionals, civic leaders and business persons evaluated the needs of local preschool children and their families. Their evaluation efforts included surveys, resource review, field trips and site visits, town meetings and consultation from professionals. Existing social service, educational agencies and local businesses also provided information.

The overwhelming conclusion was a clear need for early parenting education and support for parents of young children, especially greater access to quality child care. Demographics in the school district illustrated the need: 55 percent of all women in the community are in the workforce, and 58 percent have children between the ages of three and five years; 51 percent, under the age of three. The Corning-Painted Post area contains a large number of families that have moved away from their natural extended families to work for Corning Glass Works or the Dresser Rand corporations.

These factors -- worker mobility and large numbers of women with young children in the workforce -- had also led major employers to begin looking at the support needs of young parents. One such employer, Corning Glass Works, convened a Task Force on Women's Issues which identified working parents' concern for the needs of their children and their desire to meet these needs.

In addition to many hard-pressed young working families, the area also contains a large number of families whose incomes fall below the federal poverty guidelines. Teen pregnancies and child abuse/neglect incidents in this county rank among the top ten of the state. A coalition of community members participated in this phase of the planning process. It was felt that these areas, too, could be addressed productively through a parent support center.

The Center obtained public funds from the New York State Education Department and the Corning-Painted Post Area School District, while private funds come from the Corning Glass Works Foundation and the Steuben Child Care Project. (This multi-source funding strategy characterizes many community-based family support and education program models.) The FY89 operating budget for the Center was approximately \$49,000, of which about one-half covered staff salaries. The services of the Center are offered at no charge to the community.

The program is staffed by seven persons: a director, secretary, and five part-time parent workers. The use of part-time workers and flexible scheduling allows the Center to be open for the additional hours needed to assure participation by working parents.

As a new program, now less than two years old, the Parent Resource Center faces the challenge of orchestrating on-going community outreach and an awareness campaign. This involves maintaining a cooperative role with a wide variety of organizations and institutions like the local school district, social service agencies, private industry and government. In addition, local print and broadcast media, are important avenues for on-going communication about the Center's activities.

The first-year evaluation documented that, in the first two months of operation, there were 588 visits by adults and children to the Center. Over six months, numbers increased to 122 visits per week. In addition, more than 50 child care providers were contacted in a two-month period. Center officials report that oral and written feedback from parents assures them that the Center is viewed as a "warm and supportive environment, attractive and stimulating for

parents and children." The atmosphere is described as "relaxed," and parent workers serve as role models for positive parent and child interaction.

AVANCE, San Antonio, Inc. -- San Antonio, Texas

Parents speak freely with visitors about what participation in the AVANCE educational programs means to them and their families; about how they intend to finish their education and break the cycle of housing project life forever. Their powerful "sense of hope" is being realized through a clear understanding of how to apply new skills as events move their families toward greater self-sufficiency and a better quality of life.

Over a 15-year period, AVANCE has worked to improve the educational outcomes and earning power of low-income families. Targeting Hispanic, third-generation public housing parents, AVANCE has developed a highly structured, experiential method of teaching. The basic program format involves 15 parents in a comprehensive nine-month parent training class that meets once a week for three hours. This block of time includes one hour for making a developmentally appropriate toy, an hour lecture or discussion with the teacher (a former participant), and an hour presentation on community services or a videotape feedback session. An AVANCE worker visits each family at home twice a month, initially to teach parents how to use the toys they made, and again to videotape mother and child playing with the toy.

Two features are important to this distinctive model: first, it provides parents with a variety of ways to learn -- by using their hands, listening and discussing in a group or a one-to-one basis at home, by volunteering in the Center's child care setting, practicing with their children, or watching themselves on tape. And second, there are rewards for participating -- enjoying a new toy at home, having one's picture hung in the classroom acknowledging good attendance or getting an extra toy for perfect attendance, a huge graduation ceremony, field trips, and family parties. AVANCE parents have a high rate of course completion. The AVANCE Parent-Child Education Program, described above, is available at three sites for parents with children three years of age and younger.

In addition, AVANCE has other complementary programs designed to increase parents' self-sufficiency. The AVANCE Basic Literacy and Advanced Education Assistance Program provides continuing support to parents who have completed the AVANCE Parenting Program. It includes GED classes, English as a Second Language, college courses, job readiness, and other supports directed toward bettering families' economic situations. AVANCE Community Workshops provide short-term parenting education workshops through the community. The AVANCE Homebound Parenting Education Program provides services to families identified as child abuse and neglect cases.

Potential participants usually learn about AVANCE through word-of-mouth or the biannual door-to-door outreach campaign. AVANCE always has a waiting list of interested individuals. In addition, AVANCE makes and accepts referrals from other service providers in the community. For example, the Texas Department of Human Services refers parents in abuse and neglect cases, and the Department provides on-going case management for these families. The general public learns about AVANCE through media coverage. No fees are charged for programs.

The 27 paid program staff at the centers include: 7 professionals, 13 para-professionals, 3 clerical staff, 4 support staff, and several volunteers. All staff participate in on-going staff training, and all are residents of the communities served by the centers.

AVANCE's annual budget is approximately \$475,000. Initial funding was solely from foundations, but over the past 13 years diversification of support has become necessary. Funding now includes support from federal, state and local government, foundations and the United Way, as well as from fundraising events and individual contributions. AVANCE has received a three and one-half year grant from the Carnegie Corporation of New York for a formal research and evaluation study of the AVANCE Parent-Child Education Program.

AVANCE parents have completed GEDs in record numbers. Many go on to junior college. In order to enhance the continuation of the education of parent participants, AVANCE has an employment/continuing education staff person to advise and assist parents.



Waverly Family Center, Inc. -- Baltimore, Maryland

The Waverly Family Center assists hundreds of teen parents (and teens at risk of becoming parents-too-soon) to be more effective in their parenting role and to find greater success in their own lives. Its purpose is to help parents give their children a healthy and secure beginning by providing the parents with relationships through a network of peers (other parents) and professionals to whom they can turn for help with their own needs and the needs of their children. In addition, the Center aims to reduce the number of teen pregnancies by helping these young people to identify life options which encourage the delay of parenthood.

Set in the midst of a residential community near Baltimore's Memorial Stadium, The Waverly Family Center serves a predominantly black population with low to moderate income levels. In 1985, 30.3 percent of all live births in this community were to teenage mothers, and 71.3 percent were to single mothers. A 1980 study of the community revealed that more than half, 57.4 percent, of the community residents over age 25 had not completed high school. The Waverly Family Center is challenged to deliver an innovative array of program services which address complex on-going needs and issues.

In a two-story corner storefront, the staff, parent volunteers and program administrators plan and implement a variety of services to young families. These include a drop-in center, structured opportunities for recreation and leisure activities, a home-visit or outreach component, weekly classes and workshops which provide needed parenting information and which help parents develop new skills, counseling and referral services, tutoring for basic skills, and after-school and summer camp activities for the children and teens.

Activities range from field trips to local cultural centers and museums to birthday parties and holiday celebrations. Class topics may include parent education for expectant mothers, prevention education, tenants rights or health insurance information. Hot lunch meals are served, and parents learn about additional resources within their community. A strong referral network to local health care providers, human service agencies and mental health

centers has been established. This program combines center-based group activities with one-on-one counseling and tutoring services augmented by home-visitor outreach services.

This multi-faceted service delivery system is accomplished by a trained staff of 13 people: a center director, assistant director, parent services coordinator, receptionist, outreach worker, child development specialist, three child care workers, youth worker, center assistant, financial coordinator, tutoring coordinator and a home intervention specialist. Temporary staff are utilized as after-school program and summer camp workers.

The annual budget is approximately \$171,600. This community-based family support and education program receives its funding from both public and private sectors. The State of Maryland's Department of Human Services covers about 60 percent of its budget; another public agency, the Department of Health and Mental Hygiene, provides \$13,572 for in-home interventions. The balance is derived from a variety of private foundations.

In 1988, the Waverly Family Center served more than 400 young parents and their families. Important relations have been established with local churches, schools and community leaders. A newsletter is circulated to more than 600 community members. On-going community outreach and public relations efforts are enhanced by a New Mom Home Visitor activity in which new families receive a gift pack that contains sample baby care products, caps knitted by a parent volunteer, and infant size Waverly Family Center T-shirts.

This combination of opportunities for new relationships, exposure to vital information (like basic skills tutoring) and tangible resources (like hot meals and baby products), as well as referrals to and assistance in identifying local agencies, service providers and resources, helps to stabilize these young families and empower teen parents. Children benefit because their parents acquire new parenting, nurturing and protective skills, and gain new levels of self esteem and self confidence from a new supportive network.

Family Focus (Kingsley Center) -- Evanston, Illinois

Family Focus - Kingsley provides parents of children from birth through three years with the support, information and skills needed to enhance the development of their children. Programs build on family strengths, link families to needed resources, and enable parents to function as advocates on their own behalf. Family Focus endeavors to increase a family's ability to deal with its own problems, rather than provide a system upon which families become dependent. The programs at Kingsley provide information in an atmosphere of caring and respect, encouraging parents to feel confident in their roles as their knowledge and abilities expand.

The Kingsley Center is part of a Chicago-area network (seven in all) of neighborhood-based Family Focus programs. Although not originally at its present site, the Kingsley Center was the first Family Focus program established by Bernice Weissbourd in 1986 and has been a model for the family resource movement.

The Evanston community is a heterogenous mix of ethnic, racial and income groups. The Kingsley site, located in a former school building, services primarily a middle-income community. Also housed in the Kingsley building are the school district's Head Start and pre-primary screening programs along with a professional theatre company. Participants are residents in the community. Any family with a child from birth through three years of age is eligible to attend.

Family Focus centers are drop-in programs offering participating families a range of formal and informal services. Parents may drop-in at any time during the centers' hours to meet other parents and share information in a comfortable setting or to become involved in a range of structured activities such as parent discussion groups, child development classes, parent-child activities, and recreational and skill-oriented programs. A planned, developmentally-appropriate program is provided for children while their parents participate in the center

activities. Staff are available for advice and, as needed, for crisis intervention and referral.

The center forms a base for parents to build mutual aid networks and is a place which promotes a sense of neighborhood identity. Kingsley is closely linked with agencies and organizations to assure that families have access to necessary services. Programs meet a variety of needs for dual-paycheck families, single parents, and mothers who have chosen to stay at home while their children are small. Program components include parent-child activities, personal development, work-family issues, parenting education, and opportunities to combat isolation through developing friendships. For example, fathers at the Kingsley Center can spend time with their children and meet other dads during weekly "Dad and Me" sessions.

Sunday afternoon sessions provide working parents a series of parent/child activities and a chance to share ideas on balancing career and parenthood. The staff team at the center includes social workers, child development specialists, para-professionals and volunteers. Staff members and volunteers are recruited from the community served by the program. On-going training is provided for the paid and volunteer staff members.

The budget for Family Focus - Kingsley (which totaled \$92,299 in 1988-89) comes from membership fees, program fees, fundraising efforts in the local community, and donations from foundations, corporations and the United Way. Parents at Kingsley participate actively in fundraising efforts and events which include an annual craft bazaar and other special activities.

Family Focus programs within each community serve as advocates for families, and contribute to a spirit of community while strengthening neighborhood and family life.

#### CEDEN Family Resource Center -- Austin, Texas

CEDEN's mission is to promote and strengthen families in need through community-based, family-centered services. The basic goals of these innovative, cost-effective service programs are to: (1) prevent and reverse infant developmental delays; (2) prevent child abuse and

neglect; (3) build family self-sufficiency; (4) assist youth and adults in improving their literacy and numeric skills; (5) provide agencies with effective, culturally-appropriate materials for low-income families; (6) conduct research on family and child development programs; and (7) evaluate all CEDEN programs.

CEDEN serves families living in low-income communities. Within the areas served by CEDEN, approximately 24 percent of the households are headed by women, 35 percent of its children are born to teenage mothers, and 25 percent of its mothers are single. Over 40 percent of the households in the area have incomes below the poverty line. The educational level of local residents is the lowest in the city. CEDEN's programs are open to all low-income families in Austin. Most program participants (75 percent) are Mexican-American.

Originally the center was founded as the Center for the Development of Non-Formal Education. Based on the philosophy that parents are their children's best teachers and can be guided to provide them with optimal learning environments, CEDEN's Parent-Child program consists of weekly home visits and monthly group sessions for families or caregivers of children from birth to two years of age at entry. The child's developmental status and home environment, as well as his or her parents' knowledge of child development, educational attainment, income level, and employment status are all assessed. The curriculum used in planning with the family the activities in which they will participate is based on a three-part model of child development that emphasizes health, nutrition, and infant stimulation. The program maintains a toy-lending library for use by all families. Additionally, CEDEN's Family Development program (a family assistance program) helps to provide emergency food, clothing, and other resources to these needy families. CEDEN's Pro-Family Program provides classes on parenting and family life skills, social support groups and special support groups for teenage parents, families-in-crisis, etc. The Literacy Through Computers program helps adults and children improve their literacy levels. CEDEN's Materials and Media program makes quality, culturally-appropriate materials available to agencies working with low-income Hispanic families.



CEDEN's Parent-Child program was one of the first bilingual infant stimulation programs in the United States. Its uniqueness is derived from: (1) the comprehensive nature of the curriculum which focuses on health, nutrition, and infant stimulation; (2) the use of trained home visitors who are well-accepted by participating families; (3) the development, production and use of field tested materials which reflect specific socio-cultural attitudes, values and language patterns, especially of Mexican-American families; and (4) the effectiveness of its built-in evaluation component.

In addition to three administrators, the staff consists of 22 paid members with extensive program development and community service experience. Parent-Child program staff receive pre- and in-service training. CEDEN provides training workshops and advisory services for other agencies.

The Center's annual budget of \$430,000 comes from a variety of sources, including: The Ford Foundation, Levi Strauss Foundation, The Meadows Foundation, Austin Community Foundation, United Way, City of Austin, Travis County, and many other agencies, foundations, corporations, churches and families.

CEDEN contacts families directly, receives referrals from other health and social service agencies, and uses the media -- such as church bulletins, TV announcements and radio broadcasts, and door-to-door visiting. CEDEN works closely with local hospitals, health clinics, services, for the handicapped, and other agencies.

### **SELF-SUFFICIENCY PROGRAMS**

#### **Mid-Iowa Community Action (MICA) Family Development Program**

MICA operates programs in a five-county area in central Iowa. The goal of the Family Development Program is to assist families who are most likely to be dependent upon welfare for a long time to obtain self-sufficiency: "No food stamps, no Medicare, no subsidies." MICA seeks to develop each family's self-sufficiency competency by building self-esteem; improving

family functioning; teaching problem solving and goal setting skills; and connecting families to other families, community organizations and institutions.

For the past few years, MICA has targeted its Family Development Program (FDP) services to reach families who have been on welfare for several years. Most participants in the FDP come to the program from the Workforce program and Head Start programs which MICA also operates. This year, MICA will begin offering services to families who have just applied for, but are not yet receiving, public aid, who will be referred by the public aid intake worker.

The Family Development Program follows a four-step process in working with families. The majority of their work is done by a Family Development Specialist (FDS).

1. The FDS acquaints her/himself with the family and works first to "make sure the family is safe." That is, that the family's basic needs (food, housing and health) are being met. If there is a problem of abuse or substance dependency, these, too, need to be addressed.
2. The FDS then creates a "partnership with the family." This means that the worker and the family establish a nurturing, supportive relationship which will foster growth by both the family and the FDS.
3. Together the family and the FDS make a plan. The FDS helps the family create a "vision for itself of what it wants to be." Everyone in the family is involved in creating the plan -- children, boyfriend, and anyone else for whom the family is responsible. The FDS helps the family identify "small steps" which will lead to accomplishing the family plan. In actuality, the plan is always being revised and expanded; it is never ending.
4. The family begins to work on their plan, and the FDS offers support and encouragement. The FDS checks regularly with the family, identifies its strengths and accomplishments, and refers family members to other resources (i.e., a support group, counseling, etc.).

The MICA Family Development Program has 16 Family Development Specialists as its primary service providers. MICA has developed a very specific job description for the FDS staff, who are also trained in human growth and development. MICA had organized into five family development teams (one for each office), which consist of a team leader, three FDS, and one Family Development Worker (FDW). The FDW concentrates on assisting families with their emergency needs (i.e., food assistance, fuel assistance, filling out eligibility forms).

The annual budget of the Family Development Program is \$500,000. In addition, MICA operates several Head Start programs, work/welfare programs, WIC sites, a maternal and child health center, youth employment and career development programs. MICA's consistent success with welfare families has resulted in the agency receiving new contracts from the State Department of Social Services and monies from the state legislature for evaluating and training.

MICA worked extensively with the Iowa Family-Based Services of the University of Iowa to develop job descriptions and the training curriculum. The FDS works with other programs within MICA and in the community at large to ensure that each family is "connected" to community institutions and organizations for on-going support.

#### Single-Parent Family Advocacy Network (SPAN) of the YWCA of Oahu, Hawaii

The goal of the Single-Parent Family Advocacy Network (SPAN) is to lead single parents toward self-help strategies and solutions. SPAN works to raise awareness in the community concerning the issues and challenges facing this growing segment of the family population; to increase resources and services to support these families' critical needs; and to help single parents achieve self-sufficiency.

SPAN provides its services free of charge to any single-parent family needing help. Participants represent a range of ages, races, and income levels; however, the majority are low-income.

SPAN was conceived in 1981 by social service providers aware of the increasing numbers of single-parent families in the community. SPAN was a grassroots organizing project and received its first funding in 1983 as a small demonstration project. Originally it was housed within the Health and Community Services Council of Hawaii, a private, non-profit planning agency. In 1987, SPAN joined the YWCA of Oahu, where it has continued its advocacy efforts and offers direct services to single-parent families.

Direct services include an information and resource bank, a monthly newsletter, support groups, workshops, and a new package of services for single parents who need help in achieving

economic self-sufficiency. This service is called "Woman Friend," and it includes a series of support services and classes in self-esteem, parenting, finances, and personal development geared to helping parents make appropriate choices. The parents are then linked to job training programs and given counseling and group support while they are in training.

In addition to direct services, SPAN offers training and workshops for both single parents and for other agencies and groups working with families. Advocacy continues to be one of SPAN's primary focuses as it promises the most direct route for positive social change for single-parent families. Currently, SPAN works with policymakers at all levels of government to advocate for single-parent families.

SPAN's staff is headed by an administrator responsible for planning and fund development, and who serves as the primary advocate in the community. The staff also includes a teacher/trainer, counselor, half-time clerical support person and six VISTA volunteers who serve as outreach workers in the community. (VISTAs are full-time stipended volunteers, and SPAN strives to fill these positions with low-income single parents who live in the neighborhoods where SPAN is working.)

As a program of the YWCA of Oahu, SPAN currently receives funding from the Aloha United Way. SPAN's budget is approximately \$100,000. It recently secured a contract for funding from "WorkHawaii," which is the local Job Training Partnership Act service delivery system. All funding for its first four years of operation came from grants from local private trusts and foundations. The YWCA also contributes funds that have been generated through its other programs and memberships.

### **EARLY CHILDHOOD PROGRAMS**

#### **The Center for Successful Child Development -- Chicago, Illinois**

The Center for Successful Child Development (CSCD), also known as the Beethoven Project, is a family-oriented early childhood intervention program serving 6 of 28 buildings of the

Robert Taylor Homes, a public housing project inhabited by 20,000 people on Chicago's south side.

CSCD has two major goals:

- 1) To promote the healthy growth and development of children from before birth through age five in all domains of development (social, emotional, physical and cognitive), and to prepare them for achievement at entry to formal schooling.
- 2) To help parents build on their strengths as individuals and as parents. CSCD believes that the most effective and enduring way of helping children is through provision of support to the entire family.

CSCD seeks to work with all children born after September 1, 1987, and their families who live in the catchment area of the Beethoven Elementary School. CSCD occupies ten renovated apartments comprising the entire second floor of one of the six buildings of the Robert Taylor Homes. CSCD has two satellite sites in other nearby buildings.

The program components of CSCD are:

- Primary health care -- an on-site maternal and child health medical clinic designed to provide medical care to participant children and pregnant adolescents, with an emphasis upon preventive medicine and health education.
- Drop-in center -- a center-based family support program designed to provide peer and professional support and modeling to parents. Daily drop-in times, groups on child development, health and nutrition, peer support and parent-child activities designed to enhance a child's physical, social and cognitive development, let parents learn and "practice" new ways of encouraging their child's development.
- Head Start center -- with standard Head Start components, including a developmental preschool program for three- and four-year olds, parental involvement and social and health services.
- Family advocacy -- with bi-weekly home visits and other supportive services to families recruited into CSCD. The goal of this component is to help parents cope with the many stresses of their environment so they can function better as parents and as individuals.

CSCD has 38 staff members. Most of the program staff work as family advocates in the drop-in center and in the childcare and Head Start programs. Many are community residents who are "trained on the job."



The budget for CSCD is approximately \$1.4 million (excluding Head Start). Private dollars account for 65 percent of the total budget with state, federal and local governmental dollars contributing the rest.

CSCD is sponsored by the Ounce of Prevention of Illinois and the Urban League of Chicago. CSCD has developed working relationships with the other social service providers in the area. An extensive evaluation is being conducted of the CSCD program.

### **FAMILY SUPPORT PROGRAMS FOR ADOLESCENT PARENTS**

#### **Family Focus-Our Place -- Evanston, Illinois**

Located in what was at one time a neighborhood school, Family Focus-Our Place provides an informal, welcoming atmosphere that makes young people feel at home. The goal of this teen parent program is to provide comprehensive services to pregnant and parenting teens and their families, and to provide innovative prevention programming designed to discourage other teens and pre-adolescents from becoming pregnant.

In 1979, a City of Evanston grant provided monies to Family Focus, Inc., to purchase and renovate a facility near the local high school to serve as a drop-in center for pregnant and parenting teens. Before the year was over, the center was opened to all area adolescents.

Adolescents participating at Our Place are provided alternatives to parenthood through tutoring for school success, life skills classes, job training, recreational activities and discussion groups where young people clarify their values.

Adolescents with marketable skills have a much better chance of escaping economic dependency. The Teen Cuisine program at Family Focus-Our Place offers training in food preparation, menu planning and business skills. Donation of monies and equipment by neighborhood businesses and organizations made Teen Cuisine a community-sponsored program.

The Partners Program at Our Place matches teen mothers with women who themselves were mothers as teens and who have successfully raised their children and achieved their own personal

life goals. A discussion group for teen fathers meets weekly. Led by a male staff member at the Center, the young men talk about their feelings on fatherhood, their own fathers, their children, and their goals for the future. Child care staff provide instruction in diapering, feeding, ways to calm an upset baby and other child care skills. In 1985, infant day care was added to the program.

Our Place has a staff of 14 full- and part-time workers. Over 57 volunteers provided more than 2,100 hours of their time to assist and support activities at the Center. Funds for Our Place come from both public and private sources. The annual budget of \$398,722 is 74 percent government funds (national, state and local) and the rest from foundation, corporate and individual donations.

The Our Place building houses other community organizations and serves as a means of outreach and networking in the local community. In 1988, Our Place served over 1,490 parenting and non-parenting teens and pre-adolescents.

#### New Futures School -- Albuquerque, New Mexico

The New Futures School was initiated in 1970 by YWCA volunteers concerned with the health and education of pregnant and parenting teens. After its first five years, the YWCA discontinued program sponsorship, and the Albuquerque public school system and New Futures, Inc., a community-based non-profit organization, assumed joint sponsorship. The goal of the New Futures School is to help teenage mothers make the experience of teen pregnancy a positive, growth-oriented one by increasing self-sufficiency and self-esteem, promoting the health of parent and child, improving basic parenting skills, and encouraging the mother's continuation in school.

The program serves pregnant and parenting teens who have not yet graduated from high school. About 450 teen mothers and 100 teen fathers participate annually. The program serves a multi-ethnic clientele: 55 percent of participating teens are Hispanic, 30 percent Anglo-American, 8 percent African-American and 7 percent Native American.

Pregnant and parenting teens who are not yet high school graduates receive comprehensive services at the New Futures School. Classes required for high school graduation are offered in addition to vocational, prenatal and parenting courses. Classes are individually paced and range from basic skills to college preparation. Both individual and group counseling are available. Individual counseling sessions may include the young mother's family and/or the male with whom she is involved. Each teen participates in group counseling once a week. Health care also is an important program component. Upon program entry, a health history and nutritional analysis are performed. The University of New Mexico Medical School works with New Futures to provide two free medical clinics for prenatal, family planning and adolescent health care. Individual and group health instruction and counseling are provided daily.

New Futures also has a child care component. The school has three age-divided day care centers open during school hours to care for the children of students who are in class. Mothers who use child care are required to assist at the center for an hour a day as a learning experience. Participants leave the program upon completion of the semester in which they gave birth. Mothers who demonstrate special need can apply for continued enrollment beyond that point.

In addition to serving the teen parent population, New Futures provides outreach activities on the reality of teen parenthood to teenagers in schools, churches and social service agencies. Community education programs on teen pregnancy also are conducted. Technical assistance is available to agencies and communities throughout the state upon request.

The 45-person staff consists of 30 professionals, 10 paraprofessionals, and 5 clerical workers. The staff's training is in the fields of education, nursing, childcare and counseling. In addition, trained volunteers assist the program in a number of ways.

Seventy-five percent of the program's funds come from the school system. In addition, it depends upon federal vocational education funds; day care vendor payments; and grants from the state Human Services Department, local organizations and major national foundations.

### The Parenting Place of Annapolis -- Annapolis, Maryland

The Parenting Place of Annapolis offers programs and services designed to help young people meet the challenges of being a good parent. That includes helping teens and pre-teens make decisions about their lives, helping pregnant young women prepare for their babies, and working with young mothers and fathers on getting back to school, back to work, and creating homes for their children.

The Parenting Place of Annapolis, which opened in May 1986, is located in the recreation center of the Eastport Public Housing Community and is surrounded by other public housing developments. Statistics for Anne Arundel County indicate a high teen pregnancy rate and show a strong correlation between teen parenthood and poverty. During 1984, 948 teen mothers in Anne Arundel County gave birth; 651 of those mothers had incomes below 125 percent of poverty guidelines.

Over 400 individuals (including parents, children, and non-parenting participants) took advantage of center activities in 1988. Services offered include workshops on parenting and child development, individual counseling, special discussion groups for young men, tutoring and homework help, GED preparation, assistance finding employment, opportunities for informal support from other young parents, special discussion groups for teens and pre-teens, special activities (including trips to museums and ballgames), and temporary child care while the parent is on-site. Lunch is served daily as part of the nutritional program with parents participating in every aspect from meal planning to preparation. A nutrition group meets bi-monthly, as does an anti-drug group.

Non-pregnant participants complete youth effectiveness training, which focuses on decisionmaking and self-esteem. A cultural program affords youth the opportunity to succeed at acting, dancing and creative movement, and to share what they have learned (about staying in school and avoiding pregnancy and drugs) with other teens through traveling productions.

During drop-in hours, parents take part in scheduled activities and stop by for informal counseling as well as information and referral. Friday is reserved for staff meetings, pre-arranged counseling and staff training activities.

The Center's staff includes the center director, program coordinator, office manager, a health educator, parent educator, child care worker, outreach worker, aide, custodian consultant, male component director, home intervention specialist and male program assistant. Staff members receive support in their efforts from their sponsor, the Anne Arundel Economic Opportunity Committee (AAEOC), Friends of the Family, Inc. (which is the public-private non-profit corporation established to oversee and manage Maryland's family support center initiative), and a strong community advisory board comprised of various representative county agencies, non-profit organizations, participants and community representatives. The advisory board's composition enables the Center to do extensive networking both within the county government and in the private sector.

In addition to its annual base funding from the Maryland Department of Human Resources (\$125,000), the Parenting Place receives support through Friends of the Family from the Ford Foundation (\$39,000 for its male component), the Public Welfare Foundation (\$27,000 for its work with siblings of teen parents and other teens at risk of parenthood), the Maryland Department of Health and Mental Hygiene (\$13,512 for in-home intervention), as well as other organizations and individuals. The Parenting Place is visited regularly by a technical advisor from Friends of the Family (FOF) who reviews program accomplishments and recommends alternatives. FOF also provides monthly training programs and other supportive services.

#### **PROGRAMS WHICH EMPHASIZE CHILD ABUSE AND NEGLECT PREVENTION**

##### **PACE Family Treatment Center -- New York, New York**

The Parent and Child Education (PACE) program in the Bronx seeks to provide parent education, psychiatric treatment and informal support to mothers of preschool children. The



program is an outpatient unit of a state psychiatric facility. Goals for these mothers include reduction in emotional disturbance and child abuse and neglect, increased self-esteem, development of parental coping and competency skills, strengthening of family and community support networks, and prevention of severe functional disability. For the children, goals include a reduction in developmental delays and prevention of functional disorders and learning disabilities.

The program serves mothers, their high-risk preschool children, and other family members. Participants must reside in the borough of the Bronx. Forty-six percent are African-American, 43 percent Hispanic and 9 percent are Anglo-American, with an occasional Asian or Native American. In 1986, approximately 90 percent of the program participants received public assistance. Close to 90 percent had a history of abuse or neglect of their children, and over 70 percent have had one or more children in foster care placement. Two-thirds of mothers served are single parents with histories of severe emotional and behavioral disorders; many are substance abusers and functionally illiterate. Four out of five adult participants have a history of prior psychiatric treatment. Their children are often developmentally delayed and are educationally, socially, and emotionally at risk.

Building informal networks and peer support systems is the cornerstone of the PACE program. In three stages -- bonding, facilitation, and separation -- a trusting relationship is fostered between the staff member and the client. Once trust has developed, staff begin to broaden the base of support to include other mothers in the program. Ultimately, the staff member begins to withdraw as the "family surrogate" and encourages the women to seek help and companionship from each other. In most cases, this procedure culminates into a viable support network where none had existed before.

All new participants attend an entry group that meets weekly for about a month, focusing on parent-child interaction in a nursery school setting. It also provides education on such topics as nutrition, family planning, budgeting, health care and child development.

During this phase-in period, program staff assess participants to determine whether the mother and child can benefit from the more comprehensive core program. This program, held four days a week, includes psychotherapy, specialized parent skill training, family life education, home management and vocational counseling. Group sessions are supplemented with individual, couple and family therapy. The core program also includes a mother-child component, which consists of parental competency training in the nursery school, parent education seminars, and mother-child interaction workshops. The children's program emphasizes social, emotional and cognitive development, socialization with peers, remediation of developmental delays and dance therapy to improve physical coordination. After termination from the core program, a support and mutual assistance group provides a weekly group for mothers who need transitional services. The program also provides short-term crisis intervention. A 24-hour hotline is available to respond to crises. Van service to and from home is available to Medicaid patients.

PACE staff includes a part-time psychiatrist/psychologist, two social workers, a dance therapist, two teachers and two mental health aides. PACE staff provide consultation and training services to other agencies in the community and include them in staff development seminars.

The program's entire operating budget of over \$250,000 comes from the New York state psychiatric hospital budget, administered by the State Office of Mental Health. Medicaid reimburses the Office of Mental Health for services rendered to 87 percent of families participating in PACE. Limited supplementary funding to provide training and equipment has been donated by private foundations.

PACE staff participate actively in local interagency groups and task force committees concerned with human services. Key community agencies were included in early program planning. Over the years, links to community agencies have increased and most referrals currently come from these sources.

**Parental Stress Center, Inc. -- Pittsburgh, Pennsylvania**

The Parental Stress Center, Inc., was originally a department of Children's Hospital of Pittsburgh. In 1982, it became a private agency responding to the need for systematic evaluation of the interrelationship of traumatized infants and their caregivers. The Center provided a safe placement for infants and a program for parents which allowed visitation and professional assessments. Over the years, PSC has moved towards a program which combines intervention and prevention.

The Parental Stress Center's goals are: (1) to provide a safe environment for abused or high-risk infants and toddlers while assessing their families' parenting abilities; (2) to increase skills and understanding of both the birth parents and foster parents who have the children in their care; (3) to prevent conditions that lead to child abuse and neglect; and (4) to provide child abuse education for professionals. All participants must be referred from Allegheny County Children and Youth Services or Juvenile Court.

The Parental Stress Center has several interrelated program components:

- Begin Again is an intensive educational program for birth parents whose infants have been placed in foster care. Its ultimate goal is to reunite a healthier family through parent education and skill enhancement.
- Families and Children Together is a therapeutic day program designed for distressed families with infants and toddlers who remain in the home. In addition to parent education, assistance in working out other family problems is provided.
- Specialized Preschool provides a therapeutic learning environment for abused children who continue to have specialized needs.
- Bright Beginnings Warmline is a free, confidential telephone consultation service that provides non-medical information and support to parents of infants and young children. The Warmline is staffed by professionally trained volunteers with child development knowledge and family relations skills.
- Suspected Child Abuse and Neglect (SCAN) program offers interdisciplinary case consultation for all professionals regarding a particular case.

The 29-member professional staff is drawn from the fields of social work, child development and child care. Paraprofessionals with parenting and family experience serve as parent aides. Consultation is provided by a child psychiatrist, child care specialist and consultants in legal, development, and community relations. Volunteers include a 23-member Board of Directors, a 33-member Fundraising Task Force, and 25 Bright Beginnings Warmline phone counselors.

The annual budget of approximately \$700,000 (FY 1986-87) comes from: 55.8 percent government sources; 24.1 percent foundations and corporations; 18.7 percent community and individual contributions; and 1.5 percent others. Significant technical and in-kind assistance is provided by business, professional, and private contributors.

Children's Play Room, Inc. -- Harrisburg, Pennsylvania

The Children's Play Room was the vision of two women who recognized a community need for an accessible, non-threatening program offering parents and their preschool children a safe, stimulating and educational environment in which to enjoy each other.

The Children's Play Room helps parents to prevent further child abuse and to develop confidence and competency by:

1. Identifying families at risk of abuse or neglect;
2. Re-training parents identified as child abusers;
3. Providing information about parenting and child development; and
4. Providing resource material and professional staff for the community.

All parents with children under age six are eligible to attend. Families are referred by courts, child protective units, mental health and mental retardation units, physicians, counselors, therapists, attorneys, and self-referrals also attend. In 1986, 380 individuals were served in the centers. Approximately 300 additional people were served by the community education programs.

When the program began in 1977, the original three locations were public school buildings selected purposely to foster pleasant feelings towards school in both the children and their parents. The families who attended were eager to teach their young children, but most of them had poor parenting skills and experienced great difficulty in getting their children to cooperate. Today, services are now offered in three locations: in an office building near the center of the city; in a church in a white, middle-class neighborhood; and in a small residence serving as a women and children's shelter. The immediate neighborhood served by Children's Play Room is economically deprived. Most families are in public housing or other subsidized housing. The program also draws middle-income families from several counties and townships surrounding the city.

Children's Play Room services provide information, support, and retraining for parents and children from birth to six years. The emphasis is on learning more effective parenting skills with a heavy focus on health, safety, nutrition and mental health coping skills. Parents and children devote one hour to constructive play and task-oriented activities to enable parents to practice achieving cooperation without abuse. Parents then discuss child-rearing problems and learn new developmentally-appropriate techniques. There is a large toy, book and record lending library for children, and a parenting resource library for adults. Child care is provided during discussion time. These two and one-half hour sessions are offered six times each week, including morning and evening hours. Typically a family attends one session per week.

LEAP (Library, Education and Parenting) is a service for parents who have dropped out of high school and wish to get their General Education Diplomas. Free child care and a low reading level library with parenting resources are offered. This program is funded separately through private foundations and a federal grant.

A component of the Children's Play Room program, added in 1987, is a parent-to-parent program which trains and supervises volunteers who devote four hours per week in the home of a



family identified as abusive, neglectful, or at extremely high risk of child abuse. The volunteer's goal is to raise the self-esteem of the parent while developing skills in socialization, housekeeping, child rearing and use of community resources. This program is funded by a special grant from the county department of human services.

Children's Play Room has extended its activities to have broader community impact. For example, the program now sponsors a parenting program for residents of a women and children's shelter and pregnant residents of another women's shelter. Also, a program is offered by a local hospital using Children's Play Room staff to teach parent education to parents of newborns. Child abuse prevention workshops are conducted annually for adolescents, teen parents, day care and nursery school employees and parents. Professional in-service training in child abuse prevention and detection is offered for mental health workers, teachers, and other human service workers.

The Children's Playroom is staffed by professionals with backgrounds in human development, child development and social work. Volunteers in the program come from various backgrounds and receive 15 hours of training.

The program's annual budget increased from \$6,000 in 1977 to \$123,000 in 1988. It comes from: 67 percent Tri-County United Way, 21 percent grants and public support including fundraising, 9 percent government and client fees for service and classes, 3 percent miscellaneous. In-kind donations of space, bookkeeping services, legal services, computer services, toys and materials represent major contributions.

#### **PROGRAMS FOR FAMILIES WITH SPECIAL NEEDS CHILDREN**

##### **Family, Infant and Preschool Program -- Morganton, North Carolina**

The Family, Infant and Preschool Program (FIPP) is an outreach program of the Western Carolina Center in Morganton, a facility serving people with disabilities. Based on a social systems approach, FIPP helps families avoid the need to institutionalize their children with

disabilities by: (1) helping families identify the needs, priorities, and projects important to them; (2) exploring with families the resources available to them within themselves as individuals and within their family unit; (3) exploring with families the resources available to them from within their personal and community support networks; and (4) developing with families the needs of both their children and families. The program also works to develop additional resources for the care of children with handicaps by providing personnel training for the staff of North Carolina's network of early childhood intervention programs. The preservation of the family unit is a primary goal of all program services. Multiple options of child and family services are available through FIPP to help families meet their needs.

The Family, Infant and Preschool Program serves all families in western North Carolina with children from birth to age six who have handicaps. Of the over 1,000 children served since 1972, 40 percent have been diagnosed as profoundly handicapped and 30 percent, moderately retarded. The remaining 30 percent are at-risk for developmental problems or institutionalization due to family circumstances.

The Family, Infant and Preschool Program provides child and family intervention services through transdisciplinary teams and a variety of special projects. Families may choose from home- and classroom-based services, community cluster groups, exchange or sharing services, parent-to-parent services, respite care, or transitional/follow-through services. FIPP offers families several newsletters, a family sharing center, and a variety of specialized intervention services for their children with special needs. Communities may utilize FIPP's disability awareness program, sibling workshops, training, and networking services. Professionals may participate in a variety of training opportunities both at FIPP and in the field. Written materials also are available to professionals through a dissemination listing.

The paid staff of the Family, Infant and Preschool Program is comprised of 72 professionals, 15 clerical workers, and 2 VISTA volunteers. Staff have a wide range of

educational backgrounds, including special education, psychology, sociology, social work, nursing, physical therapy, and speech pathology.

FIPP operates on an annual budget of \$1.26 million obtained from: state government (70 percent), federal government (28 percent), and foundations (2 percent). In recent years, the program has received an increase in federal grant monies; fundraising has not posed a problem.

The public learns of FIPP through periodic distribution of program materials to schools, physicians, day care and mental health centers, social services and public health departments, Head Start, the March of Dimes, and community interagency councils. Other agencies have assisted the program by donating consultation services on special projects, such as media productions, and by loaning resources and other materials.

The program has been very successful in achieving its primary goal of preventing institutionalization. Of the over 1,000 children served since 1972, only 19, or 1.9 percent, have been institutionalized. The program has also been carefully evaluated.

Family Exchange Center of Variety Pre-Schoolers' Workshop -- Syosset, New York

The Family Exchange Center, located in a school for children birth to five years with learning, language, and behavior problems, offers a non-traditional approach to helping families of children birth to 21 years who attend special education programs. It is a system of support which views parents as participants rather than as patients or clients. Its purpose is to help parents to identify and articulate their own needs and to share responsibility with professionals for developing and providing services to meet these needs.

The Family Exchange Center is open to all families in the region who have children in special education programs. Participants represent the area's middle-class community, with 90 percent white and 10 percent minority.

The Family Exchange Center was developed in 1983 to help parents by empowering them to act in behalf of their children. At the heart of the Family Exchange Center is a Coordinating

Committee made up of professionals and parents of children with disabilities. This Committee determines the following kinds of policies and practices:

1. Parent-to-Parent Lounge -- a room set aside for social networking. Written information, pamphlets, bulletins, and news stories are placed here. Important information and referral services are offered by knowledgeable and experienced families to others.
2. Respite and Recreation -- programs on two weekday afternoons, some evenings, and some Sundays which offer families a variety of activities. Key aspects include: (a) small group play and recreational activities for the developmentally disabled; (b) activities, play, and discussions for siblings within a peer support group; (c) opportunities for parents, while their children are involved, to leave the building, relax, and socialize in the Parent Lounge area or to participate in more formal education programs; and (d) social and recreational activities on Sundays for all members of a family.
3. Parent Education -- both informal and formal, provides parents of the disabled with opportunities to meet and learn from each other.
4. The Advocacy Committee -- responsible for sensitizing the local community to the presence and needs of the developmentally disabled through speaking engagements and appearances on local radio and TV shows. Members of this parent committee have served as a resource to other parents. It also has served as a "watchdog" committee to monitor legislative issues and to alert families and professionals to proposed legislation that could affect the delivery of services.

Paid staff consists of a coordinator, group leaders, and a clerk. Volunteers are an integral part of the program. They are recruited from high schools, colleges and senior citizen groups.

The Family Exchange Center has been funded by state grants (\$60,000), foundation money (\$10,000), United Way funds (\$10,000), and membership fees of \$20 per family.

Networking is done with parent organizations and Special Education Parent-Teacher Associations. The Center is publicized in community newspapers and radio spots. Special effort is given to reaching out to the special education programs in the community. The highlight of this Center is the opportunity given to parents to be participants rather than clients. They are directly responsible for the formulation of program.

### Project Enlightenment, Wake County Public Schools -- Raleigh, North Carolina

Combining a number of early intervention and prevention approaches, Project Enlightenment offers help and support to children, parents, and teachers through a comprehensive mental health program within the Wake County public school system. The main philosophy of the Project is to keep children in the mainstream of the educational process by supporting the existing strengths in family, classroom, and child care settings and by training parents, teachers and child care workers to recognize problems and develop techniques and skills in dealing with them.

Young children in Wake County from birth through kindergarten, their families, teachers, and others who serve them, are eligible to participate in the programs and services of Project Enlightenment. Participating families are representative of the diverse community, which has a high percentage of urban white-collar workers but also includes sizable disadvantaged and rural populations. During the 1986-87 school year, Project Enlightenment provided over 30,751 service contacts to parents, children, teachers, child care workers, and other community professionals.

Project Enlightenment provides services to families, children, and teachers which focus on the developmental and emotional growth of children. These include the following services:

- Parent workshops, classes, support groups and counseling
- TALKLINE, a telephone service to answer questions and discuss concerns about young children
- Teacher/parent consultation, teacher workshops, training courses, and classes
- The Demonstration Preschool, a daily program for children with special needs in a mainstreamed environment
- Parent-Teacher Resource Center, a collection of books, materials, and resources for parents, teachers and children
- First Years Together, an early intervention service providing developmental follow-up for high risk infants and their families through a cooperative effort with area health agencies
- Psychological, psychiatric, speech, and language evaluations
- Coordination of activities among numerous agencies serving young children



- Technical assistance to communities seeking to develop mental health services for young children
- A training and field placement center for university students

Project Enlightenment began in 1969 as a small ESEA Title III project with a staff of three. Since that time, it has expanded to offer a comprehensive array of services.

Administered by the Wake County public school system, the Project works in affiliation with the Wake County Mental Health Center, the Child Psychiatry Training Program of Dortehea Dix State Hospital, and the Wake Area Health Education Center. The Project's paid staff consists of 25 professionals and five clerical/support staff members. Many of the staff are part-time and most follow the 10-month school system schedule. Professional staff represent disciplines which include early childhood and special education, clinical and school psychology, social work, guidance and counseling, child development, speech pathology, and movement education. A child psychiatrist is available as a consultant. Volunteers from the Junior League of Raleigh and other organizations help support on-going services.

The Project's budget for the 1987-88 school year was \$602,000 with 51 percent from the Wake County public school system, 29 percent from local and state mental health agencies, 8 percent from the Children's Trust Fund of the North Carolina Department of Public Instruction, 8 percent from the Junior League of Raleigh, and 5 percent from service fees and contributions.

#### **PROGRAMS WHICH PROMOTE MATERNAL AND CHILD HEALTH**

##### **The Family Place, Inc. -- Washington, D.C.**

The Family Place is a family support and education center established in 1981 under the sponsorship of the Church of the Saviour in Washington, D.C. The founders' impetus came from the recognition that supportive community and family relationships are critical in determining positive outcomes for children and families. The Family Place seeks to improve infants' development by : (1) helping pregnant women to enter the health care system early and obtain

regular prenatal care; and (2) cooperating with health care providers in advising new parents. The program also seeks to help parents better understand their role and enhance their competence and confidence through support, information, education, and skill building.

The Family Place is located in the Adams Morgan/Mt. Pleasant neighborhood, a community of great cultural and ethnic diversity. The Hispanic community is now the District's largest linguistic and cultural minority population. With on-going immigration and high birth rate, the city's Latino population increases by about 10,000 year. The majority of these residents are newcomers experiencing the difficulties of acculturating, finding employment, and re-establishing families.

Services are directed to low-income pregnant women and families with children up to age three. In its welcoming environment, the Family Place offers participants prenatal counseling and classes, support groups, social services and referrals, crisis intervention, emergency services, formal and informal parent education programs, infant development assessments, counseling concerning household management, nutrition and budgeting, special family-like celebrations, and job skills development. The First Friend outreach program pairs experienced volunteer mothers with pregnant women and new mothers; many women who have received the help of a First Friend are now First Friends themselves. The food/nutrition program includes emergency food supplies, daily free breakfast and lunch, and access to laundry facilities. The elected Participants' Council contributes to decisionmaking, program development, and advocacy issues.

The Family Place full-time staff consists of a program director, three social workers, an activities coordinator, an administrative assistant, and a secretary/receptionist. All full-time staff are bilingual and bicultural (Spanish/English). Part-time staff includes a health educator, cook, house maintenance aide, and a child care aide. There also are approximately 55 volunteers.

The 1987 operating budget was \$236,000 -- charitable foundations, 35 percent; corporations, 20 percent; churches, 20 percent; individuals, 15 percent; local government, 4 percent; and

other, 6 percent. In-kind contributions are critical. The average cost per family served was \$507; per capita cost was approximately \$190.

Family Place has close information and referral linkages; it is a member of a network of neighborhood ministries sponsored by the Church of the Saviour and shares health education services with a district government prenatal clinic. The First Friend program has been jointly sponsored by the American Red Cross (D.C. Chapter). Staff members present workshops and training programs in the professional community and serve as parent and child advocates. School and university related projects are often undertaken. Participants' word-of-mouth is a primary source of program referrals.

The Family Place staff believes that its program success is due largely to its bilingual services provided in an informal, non-bureaucratic manner, offering an extended family atmosphere and encouraging peer support.

Parenting Program of the J.B. Franklin Maternity Hospital and Family Center -- Philadelphia, Pennsylvania

The Franklin Parent Program seeks to foster positive family relations from pregnancy through three years postpartum. Parents are urged to become aware of themselves, their needs, and their own parenting skills as a means to increase understanding of their child's development. The Parenting Program was a response to requests from families for more support and information concerning parenting issues and infant and child development. As the program expanded, it outgrew its space in the hospital and moved into a renovated building adjacent to the hospital. The Family House contains diverse and creatively planned space that lends itself to the variety of activities offered by the parenting program.

The program serves parents of all ages from pregnancy through three years postpartum. Individual support is not limited to families who are using the prenatal services or have given birth at Franklin Maternity Hospital. Group activities are open to the community at large. The Parenting Department served over 2,000 families in 1986. Given its geographic location

bordering some of the most impoverished and well-to-do communities in Philadelphia, Franklin Family Center attracts an economic, ethnic and racial mix of families.

The Parenting Program divides its many activities into four components: a childbirth education team, a support team, a parent-child team, and a teen team. Child development and parenting specialists collaborate with pediatric and obstetric staff to fashion a childbirth program that includes medical care, education, and support. The support team recognizes the upheavals and stress that often accompany pregnancy and early parenting. A Birth Buddy, a trained parent volunteer, contacts first-time families in their third week home from the hospital. Activities range from regular telephone contact to hosting neighborhood get-togethers and encouraging new friendships and support. A network of resources supports parents who give birth to high-risk babies due to prematurity, chromosomal abnormalities, or congenital health problems. Families of babies that die at birth are invited to participate in a grieving group.

The parent-child program offers 70 to 90 activities a month in which about 300 families participate. Developmentally-appropriate parent-child playgroups are the most popular activity. One-time programs on topics of interest (feeding problems, separation anxiety, toilet training), as well as a workshop series on going back to work, and exercise classes during pregnancy and after delivery are held. All Franklin parents receive a complimentary subscription to the "Listening Booth," a newsletter describing available activities.

The Teen Program incorporates all of the above services and more in a comprehensive service plan designed specifically for pregnant teenagers. Program goals include helping each teen to have a healthy pregnancy and birth experience; establish a strong, nurturing bond with her child; finish her education; develop and strengthen her support systems with the baby's father, her parents, friends, and community resources; postpone another pregnancy; and learn to use appropriate pediatric and adolescent medical services. Services include health care, childbirth, nutrition, and parenting education; counseling; and special programs. Staff maintains contact with each teen for at least two months postpartum, offering assistance in

securing public welfare, childcare, the child's medical care, or in any other area of need. The team also facilitates a teen parenting support group.

The 12 paid program staff hold master's degrees in education, social work, nursing and child care. Twenty-five parent volunteers act as Birth Buddies. After an initial full day of training, they attend bi-monthly workshops. A core of skilled group leaders supplements the center's staff.

The Parenting Program works with the Rebecca Gratz Center for Teens, the Philadelphia School District's comprehensive program for school-age parents, and the Childbirth Education Association/Nursing Mothers. The adolescent program staff conduct an outreach program that includes meetings with school nurses, social services professionals, and Big Sisters. Additionally, the program is publicized by hospital staff, a newsletter, word of mouth, and staff participation in community functions.

Of the program's annual budget of \$450,000, about 25 percent is contributed by foundations and municipal government, and 15 percent is derived from fees for programs. The remaining 60 percent must be raised year to year or be provided by the hospital.



FAMILY SUPPORT AND EDUCATION PROGRAMS:  
STATE EXAMPLES

The Center for the Study of Social Policy

STATE: ARKANSAS

PROGRAM: The Home Instruction Program for Preschool Youngsters (HIPPY) has been established through the local administrative agencies (e.g., educational and job-training related agencies) that can most effectively accommodate the program in each community. Statewide program administration is provided through the Governor's Office.

BRIEF DESCRIPTION: HIPPY is a home-based school readiness initiative aimed at educationally disadvantaged 4 and 5 year olds. The program's primary objective is to enable parents to understand and meet their responsibilities to their families. Parents agree to allot 15 minutes every day for 30 weeks for each of two years for working with their children. A trained paraprofessional provides the family with materials and instructions through a home visit. Through the HIPPY program, parents have an opportunity to meet other parents, to learn about child development and parenting issues, and participate in personal development activities.

FAMILIES SERVED: HIPPY programs tend to be very responsive to the individual needs of each community, thus the families who are served may differ across programs. However, the majority of the participating families are low income. The mothers, are also likely to have dropped out of high school and require intensive skills development.

SCOPE: The HIPPY program has expanded to 14 sites in 23 counties and currently serves over 1,400 families.

EVALUATION: HIPPY requires a research and evaluation component in each individual program. A post-test must be completed for every child who has completed the second year of the HIPPY program. With the assistance of a grant from the Winthrop Rockefeller Foundation, HIPPY will work with the University of Arkansas to conduct a research/evaluation study of data from the program's three year experience.

BUDGET: Initially, funding for the program was provided by several foundations. However, the program currently draws on a combination of Job Training Partnership Act (JTPA), Chapter I, Chapter II, Head Start and Carl D. Perkins Vocational Education Act funding. The total budget for FY89 is approximately \$900,000. Over 90 percent of this is federal funding, and the rest is corporate and foundation funding.

PROGRAM CONTACT PERSON: Ms. Ann Kamps  
Special Assistant for Early  
Childhood Programs  
Governor's Office  
State Capitol Building  
Little Rock, AR 72201  
(501) 682-2345

STATE: CONNECTICUT

PROGRAM: The Parent Education and Support Centers (PESC) are administered by the State Department of Children and Youth Services (DCYS).

BRIEF DESCRIPTION: DCYS has developed a statewide network of ten centers located within schools, community health centers, libraries, YMCAs, churches and other local public and private not-for-profit community programs in selected area neighborhoods. These centers provide training, support and resource information to parents, along with assistance in gaining access to other necessary services. All centers are required to take into consideration such factors as accessibility to services, interagency collaboration, and enabling parental involvement when planning services. Additionally, PESCs provide technical assistance, consultation and training to community professionals and other service providers.

FAMILIES SERVED: These centers serve all parents with children under the age of 17. Designated priority groups include teen and single parents, low-income parents, minority, dual-career families, parents with limited English proficiency, and parents of children in critical transition periods. The centers seek to involve both parents whenever possible.

SCOPE: DCYS established ten centers in selected area neighborhoods. The centers serve over 8,000 parents in 46 communities across the state on an annual basis.

EVALUATION: DCYS has contracted with the National Child Welfare Resource Center (University of Southern Maine) for an evaluation of the initiative. They have completed the first year of a three year evaluation process. DCYS is looking for improvements in parenting attitudes, skills and behavior, and in parent-child interactions. Evaluation methods include participation self-reports, participant registration data, satisfaction surveys, and program management audits. Preliminary evaluation data will be available in mid-1989.

BUDGET: DCYS appropriated \$300,000 in state funding for FY88, the program's first full operational year. That appropriation amount was increased to \$426,970 for FY89. (Each center is scheduled to receive \$42,697 for FY89.)

PROGRAM CONTACT PERSON: Laurie Hart Docknevilch  
Coordinator of Prevention and Early  
Childhood Programs  
Department of Children and  
Youth Services  
170 Sigourney Street  
Hartford, CT 06105  
(203) 566-5522

**STATE: ILLINOIS**

**PROGRAM:** The Ounce of Prevention Fund was created in 1982 as a public/private agency by the Illinois Department of Children and Family Services (DCFS) and the Pittway Corporation Charitable Foundation.

**BRIEF DESCRIPTION:** The Ounce of Prevention Fund provides technical assistance, research, and training to the network of family support programs. A wide variety of services are available through this network of programs including parent education, developmental child care services, pregnancy prevention classes, developmental screening, child abuse prevention services, job training and school-based medical clinics.

**FAMILIES SERVED:** Although these programs can provide comprehensive family support services to all families; they primarily serve teenaged, single and low income parents.

**SCOPE:** A variety of model programs have been developed in more than 40 churches, social service agencies, mental health agencies, clinics, schools and other community organizations across the state. The Ounce of Prevention Fund has formed a number of alliances for the purpose of strengthening the continuum of services available to families. For example, the Ounce joined with the Illinois Department of Public Health and the Illinois Caucus on Teenage Pregnancy in order to create a comprehensive job training program.

**EVALUATION:** Program evaluation is an essential feature to the Ounce of Prevention Fund programs. The Ounce conducts program evaluations to provide feedback to Ounce sites in order to strengthen services and define and describe program elements that other agencies can use.

**BUDGET:** The Ounce was established with \$800,000 from DCFS and the Pittway Corporation Charitable Foundation. The Illinois Department of Public Aid, the State Department of Education, the National Center for Child Abuse and Neglect, other private foundations, and the U.S. Department of Health and Human Services have also provided funding.

**PROGRAM CONTACT PERSON:** Judy Carter  
Executive Director  
The Ounce of Prevention Fund  
188 W. Randolph, Suite 2200  
Chicago, IL 60601  
(312) 853-6080

**STATE: IOWA**

**PROGRAM:** The Family Development and Self-Sufficiency (FaDSS) demonstration grant program was established by Iowa's General Assembly in 1988. Program funding and administration are shared by the Department of Human Services, which administers the AFDC program and the Department of Human Rights, which oversees community action agencies.

**BRIEF DESCRIPTION:** The programs seek to improve AFDC families' capacities for self-sufficiency, both financially and as a family unit by providing day care, parent education, employment counseling/skills development, medical assistance and child development services. Seven community action agencies have been selected to provide these services for the first year.

**FAMILIES SERVED:** The FaDSS program is designed to provide family development services to AFDC recipients who are at risk of long-term welfare dependency or family instability. Parental characteristics such as limited formal education, limited work experience, never having been married, and lack of available social supports are some of the factors that the program has identified in the potential at-risk population. Each grant applicant was required to designate a specific at-risk population to serve.

**SCOPE:** The Iowa General Assembly authorized a three-year program of demonstration grants to seven communities.

**EVALUATION:** Program development includes plans for both formative and outcome-oriented evaluation. Each of the seven program grantees were required to identify objective measures relative to their specific target populations that could be incorporated in the evaluation of their programs.

**BUDGET:** The Iowa General Assembly appropriated \$690,000 to the Department of Human Services for the administration of the first year of the FaDSS grant program.

**PROGRAM CONTACT PERSON:** Sandra Scott  
Administrator  
Division of Social Services  
Department of Human Services  
Hoover State Office Building  
Des Moines, IA 50309  
(515) 281-3861



**STATE: KENTUCKY**

**PROGRAM:** The Parent and Child Education (PACE) program is based in the Adult Literacy Division of the State Department of Education.

**BRIEF DESCRIPTION:** Parents participate in adult education classes while their children participate simultaneously in a preschool program. These class sessions, which are held three days a week, also offer the parent and child an opportunity to play and work together, thus helping parents to learn how to interact positively with their children. The programs provide transportation, meals, and afternoon discussions/support groups.

**FAMILIES SERVED:** Any parent of a three- or four-year old child who lives in a school district that offers PACE and who does not have a high school diploma may participate.

**SCOPE:** The program is offered in a total of 18 classrooms in 12 school districts.

**EVALUATION:** Preliminary evaluations have shown PACE to be effective. At the end of the program's first year in 1987, three-fourths of the parents and their children had completed the PACE program and 70 percent of the adult participants had either earned GEDs or advanced two grade levels.

**BUDGET:** The 1986 Kentucky General Assembly funded the PACE project for two years. PACE programs began in six districts the first year with an initial appropriation of \$300,000. Six more districts added PACE programs the second year at a total funding of \$1.2 million. The 1988 Kentucky General Assembly funded the PACE program for two more years at the same level.

**PROGRAM CONTACT PERSON:** Jeanne M. Heberle  
PACE Coordinator  
Division of Community Education  
Kentucky Department of Education  
Capital Plaza Tower  
Frankfort, KY 40601  
(502) 564-2117

STATE: MARYLAND

**PROGRAM:** The Maryland Family Support Centers are jointly funded by the Maryland State Department of Human Resources, the Department of Health and Mental Hygiene, and participating foundations. This public/private partnership also established Friends of the Family, Inc., a not-for-profit intermediary organization, to guide program development in the family support centers to ensure that core service and staffing standards are met. Additionally, Friends of the Family, Inc.'s mission is to explore existing family support resources, promote the development of new family support centers, and assist other agencies in integrating family support principles into their own service activities.

**BRIEF DESCRIPTION:** These drop-in centers are administered in specific neighborhoods by community-based organizations, including an inner-city church, a community development corporation, a housing authority, a community action agency, a local school system, a traditional private social service agency and a community college. All centers provide parenting skills, health education and family planning services, diagnostic and assessment services for parents and children, temporary child care, peer support activities, educational opportunities including GED, and job preparation and skill development to prepare for employment.

**FAMILIES SERVED:** The centers serve parents with children aged 0-3. Adolescent parents are a service priority group at each center.

**SCOPE:** There are currently seven family support centers in five of Maryland's 24 counties. An additional four centers were scheduled to open in 1989.

**EVALUATION:** An evaluation of the program's first two years has been completed. Program staff are currently revising the remaining year and a half of the original evaluation plan to reflect the following objectives: 1) obtaining more specific staff, center, and individual participation data; 2) comparing outcome data to program activity; and 3) analyzing the data across the state.

**BUDGET:** The program's budget for FY89 is \$2.1 million -- \$1.6 million in State-appropriated funds and \$0.48 million in foundation support. Every center receives \$125,000 for core funding. Additional funding for individual program enhancement is supplied to the centers by Friends of the Family, Inc. from private grants.

**PROGRAM CONTACT PERSON:** Rosalie Streett  
Executive Director  
Friends of the Family, Inc.  
2300 North Charles Street, 5th Floor  
Baltimore, MD 21218  
(301) 664-0275

STATE: MINNESOTA

**PROGRAM:** The Early Childhood Family Education (ECFE) program was piloted by the State Department of Education (DOE), through the Council on Quality Education, in six sites in 1974. The program is under direction of the DOE Community Education Division.

**BRIEF DESCRIPTION:** ECFE programs offer a variety of services including prenatal and parent education classes, special interest discussion group opportunities, parent-child social activities, child care resource and referral networks, newsletters and resource libraries. ECFE programs occur in a variety of forms and on various sites (e.g., at a parent's workplace, a WIC clinic, or in a family's home), largely depending on the specific needs of the community.

**FAMILIES SERVED:** The programs are for all families with children from birth to kindergarten enrollment who live in the ECFE school district. These programs specifically target low-income and stressed families.

**SCOPE:** ECFE programs have been established in over 80 percent of all of Minnesota's school districts.

**EVALUATION:** During the program's early pilot years under the supervision of the Council on Quality Education, limited funds were earmarked for evaluation purposes. These studies were primarily quality assessments of the program development process. Since the ECFE program obtained permanent status, ECFE has been unable to obtain funding for evaluation purposes. ECFE is currently seeking private foundation support for the planning and development of an outcome evaluation.<sup>1</sup>

**BUDGET:** The ECFE program was established with new state-appropriated funds. The program increased from 6 to 36 pilot programs before it received permanent funding status in 1984. Today, each ECFE program is funded through a combination of State Department of Education aid and a local community education district levy determined by a legislated funding formula. In 1988, the Minnesota program was funded with \$18.3 million, 40 percent of which was State Department of Education funds and 60 percent from the local level.

**PROGRAM CONTACT PERSON:** Lois Engstrom  
State Specialist for Early Childhood  
Family Education  
992 Capitol Square Building  
550 Cedar Street  
St. Paul, MN 55101  
(612) 297-2441

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<sup>1</sup>This information was drawn from Chapter 5 "An Evaluation Framework for State Family Support and Education Initiatives."

STATE: MISSOURI

**PROGRAM:** Parents As Teachers (PAT) was first developed by the Missouri Department of Elementary and Secondary Education, with support from the Danforth Foundation. The project is administered entirely through the Missouri Public School System. In addition to funding the local projects, the Missouri Department of Education established the Parents As Teachers National Center to provide technical assistance for Missouri school personnel and professionals across the country.

**BRIEF DESCRIPTION:** This project is a home-school partnership that provides home visits by trained parent educators to offer families information on child development issues, concrete advice to guide family development, peer support opportunities, health monitoring and screening, and referral for special services required by families.

**FAMILIES SERVED:** The program is designed to serve all parents with children from birth to three years old. During the 1988-89 school year, more than 50,000 families were expected to participate in the program.

**SCOPE:** The program is provided by all public school districts in Missouri.

**EVALUATION:** The Department contracted with an independent research firm to conduct an independent evaluation of the PAT project. When children in the pilot project reached age three, a randomly selected group was tested against a carefully matched comparison group. Results of this evaluation confirmed the benefits of the program. Research is currently being conducted on 2500 families in 37 diverse school districts to gather more detailed data on the program. Additionally, a follow-up study of the children from the original project will be conducted.

**BUDGET:** The FY89 state-appropriated budget for the Early Childhood Act, which includes developmental screening and parent education services for families with children from birth to four years old, is \$11.4 million.

**PROGRAM CONTRACT PERSON:** Mildred Winter  
Director  
Parents As Teachers:  
The National Center  
Marillac Hall  
University of Missouri - St. Louis  
8001 Natural Bridge  
St. Louis, MO 63121-4499  
(314) 553-5738

STATE: OREGON

PROGRAM: Together for Children: Family Support/Parent Education Program is administered by the Oregon Department of Education. All funded programs are required to meet state-established program requirements. Additionally, each Together for Children program must create an advisory board comprised of parents and appropriate local agency and school representatives. The local communities determine the exact model of the program and which agency is to take the lead. Lead agencies are expected to collaborate with other agencies and groups serving families with young children.

BRIEF DESCRIPTION: Together for Children is currently being piloted at three program sites: Birth to Three, Crisis Information Services and Central Community College. These programs provide parent education, parent support services, and community networking and referral services with public schools and other neighborhood public and private agencies.

FAMILIES SERVED: The program serves the parents of children 0-8 years old who have been assessed by multiple criteria as likely to experience difficulty succeeding in school.

EVALUATION: A public/private partnership has been formed to secure funds for program evaluation. To date, the partnership has obtained \$20,000 in contributions. In preparation for a formal evaluation process, programs are required to keep demographic information on file. A plan for the overall evaluation is currently being developed.

SCOPE: The pilot programs are located in the Willamette Valley, southern and eastern regions of the state. This year approximately 335 parents will receive intensive services, and over 6,000 families will receive some assistance. Legislation to continue and expand the program is being considered by the legislature at this time.

BUDGET: In 1988, the State Legislature appropriated \$266,000 to be distributed among the three pilot programs to support existing services and develop new services for families with at-risk children. In 1989, the legislature extended the project program for another two years and appropriated the pilot \$567,610.

PROGRAM CONTACT PERSON: Dr. Randy Hitz  
Early Childhood Education Specialist  
Oregon Department of Education  
700 Pringle Parkway  
Salem, OR 97310  
(503) 373-1484



STATE: VERMONT

PROGRAM: Parent-Child Centers are administered by the Vermont Agency of Human Services. Representatives from the eight centers form the Parent-Child Network, a statewide group that assists state agency staff in developing policy for the centers.

BRIEF DESCRIPTION: The parent-child centers provide a range of services that facilitate healthy family development. Among the services offered are child care services, parent education, parent support groups, drop-in programs, in-home educational and intensive services, resource and referral services, and community development services.

FAMILIES SERVED: All families are encouraged to use the Parent-Child Centers. The majority of the participants are low-income families with children under the age of six.

SCOPE: The program is statewide. Vermont has a line-item of \$450,000 to fund Family Centers in each county of the state. The Vermont Legislature is currently considering a bill that would codify the Parent-Child system in Vermont.

EVALUATION: Evaluation efforts vary with the centers. However, primary evaluation activities by the centers have included collecting background client data, maintaining service utilization records, obtaining client satisfaction assessments and periodic reviews, and to a limited extent, assessing the effects of the programs on clients.

BUDGET: Federal, state, and private resources comprise the funding for these centers. In FY87, the centers received a total of \$1.6 million in funding. About 43.5 percent of that total income (across all centers) came from federal funds; 30.6 percent came from state funds through a line item budget appropriation. The individual centers view state funding as a stable financial base to support the planning and program development of each of the centers. Client fees made up the remainder. The proportional sources of the funding vary with each individual center.

PROGRAM CONTACT PERSON: Cheryl Mitchell  
Co-Director  
Addison County Parent-Child Center  
P.O. Box 646  
Middlebury, VT 05753  
(802) 388-3171

## APPENDICES



*Center for Successful Child Development,  
Chance of Prevention Program, Illinois (Jonathan Frank)*



## ABOUT THE COLLOQUIUM SPONSORS

The Center for the Study of Social Policy is a Washington, D.C.-based organization that conducts policy research and analysis, and provides technical assistance to state and local governments on human services policy, program and financing. The Center's work addresses a range of domestic issues, including health care, aging, long-term care, welfare, disability and services to children, youth and families. Some of the current work includes directing a comprehensive child welfare reform initiative in three states; evaluating the New Futures initiative for at-risk youth in five cities; providing technical assistance to over a dozen states and localities involved in developing and implementing family preservation programs; and coordinating Kids Count, a program that will help states monitor and improve the well-being of children.

The Family Resource Coalition (FRC), founded in 1981, is a national federation of more than 2,000 individuals and organizations promoting the development of prevention-oriented community-based programs to strengthen families. The major objective of the FRC is to nourish and expand the family resource movement. This is accomplished through dissemination of program materials, technical assistance to program administrators and policy makers, and provision of training.

The Harvard Family Research Project was begun in 1983 to conduct research and disseminate information leading to the development of effective family support and education programs, practices, evaluations and policies. The Project is presently conducting indepth policy research on five state-initiated programs and has recently published Innovative Models to Guide Family Support and Education Policy in the 1990s (Harvard Family Research Project, 1990). The Project tracks new state programs as they develop and disseminates information about them through an on-going publication series. The Project also collects and disseminates information and provides technical assistance on program evaluation, having developed an on-going database containing detailed information about completed evaluations of family support and education programs.

Maryland Friends of the Family is a public-private, non-profit corporation which serves as the umbrella organization for Maryland's network of community-based Family Support Centers. Friends of the Family provides support, technical assistance and training to family support centers throughout the state while also advocating and promoting the existence of other programs that strengthen and support young families with children under three years age.

## ABOUT THE AUTHORS

Charles Bruner is currently a Democratic State Senator from Iowa. He is also Executive Director of The Child and Family Policy Center, a non-profit research and policy center that was organized under the Children's Home of Cedar Rapids Foundation. The Center is designed to assist in the policymaking process by funding, conducting and disseminating policy research on Iowa's children and families. Both as a legislator and Center Director, Bruner has been involved in the development and implementation of the Iowa Family Development Demonstration Grant Program featured in this volume.

Gail Christopher is the former Director of the Family Resource Coalition (FRC) in Chicago, Illinois. Prior to that, she was the founder and Executive Director of F.A.M.I.L.I.E.S., Inc., an Illinois not-for-profit organization which provides motivational training and support services for families at-risk due to poverty and environmental stress. She is currently a private consultant in Chicago.

Frank Farrow is Director of Children's Services Policy at the Center for the Study of Social Policy in Washington, D.C. He was formerly the Director of Social Services for Maryland's Department of Human Resources, and has worked on a range of human services issues at the federal, state and local level.

Terri Grant is currently Interagency Coordinator for the Commission for Mental Health Services in the District of Columbia, working on mental health services for children and youth. She was formerly a policy analyst at the Center for the Study of Social Policy where she was responsible for coordinating the Colloquium activities.

Robert Halpern is a professor at the Erickson Institute in Chicago, Illinois. He has done extensive writing and research on such family support issues as program development and evaluation. His current research interests are in the area of supportive services for economically disadvantaged families.

Judith Meltzer is a Senior Research Associate at the Center for the Study of Social Policy in Washington, D.C., where she has worked on a range of human services financing and delivery issues in the areas of long-term care, health care and child welfare policy.

Heather Weiss is Director of the Harvard Family Research Project. Since founding the Project in 1983, she has written broadly about issues in the development and evaluation of family support and education programs and policy. She received her doctorate in education and social policy from the Harvard Graduate School of Education and was a post-doctoral fellow at Yale University Bush Center in Child Development and Social Policy. She currently serves on the Boards of the Committee for Boston Public Housing, the National Center for Family Literacy, and the Family Resource Coalition.

**PUBLIC POLICY AND FAMILY SUPPORT AND EDUCATION PROGRAMS COLLOQUIUM  
PLANNING COMMITTEE MEMBERS**

**Karen Bonner, American Public Welfare Association**

**Katharine Briar, State of Washington, Department of Social and Health Services**

**Judy Carter, The Ounce of Prevention Fund**

**Gail Christopher, Family Resource Coalition**

**Sally Diamond, State of Maine, Legislative Services**

**Joy Duva, Child Welfare League of America**

**Frank Farrow, Center for the Study of Social Policy**

**Janice M. Gruendel, Connecticut, Department Children, Youth, & Families**

**Tracey Feild, Maryland, Social Services Administration**

**Christopher Hall, Connecticut, Department of Human Resources**

**Robert Halpern, Erickson Institute**

**Judith Jones, National Resource Center for Children in Poverty**

**Christina Klotz, The Annie E. Casey Foundation**

**Karen Kurz-Riemer, Minnesota, Early Childhood Family Education**

**Marilyn Larson, Minnesota, Early Childhood Family Education**

**Harriet Pipes McAdoo, Howard University**

**Judith Meltzer, Center for the Study of Social Policy**

**Shelby Miller, The Ford Foundation**

**Jane K. Paine, The Danforth Foundation**

**Harold Richman, The Chapin Hall Center for Children, University of Chicago**

**Jan Rivitz, The Aaron & Lillie Straus Foundation, Inc.**

**Ann Rosewater, Select Committee for Children, Youth and Families, U.S. House of Representatives**



Alicia Smith, National Governors' Association

Rosalie Streett, Maryland, Friends of the Family

Eleanor Stokes Szanton, National Center for Clinical Infant Programs

Betty Tableman, Michigan, Department of Mental Health

Heather Weiss, Harvard Family Research Project

Bernice Weissbourd, Family Focus

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